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Nurses prepare for 1987 legislative session

The 1987 session of the North Carolina General Assembly reconvened on February 9. This edition of the *Tar Heel Nurse* includes the "Guide to Lobbying" with names and addresses of all members of the legislature elected in November of 1986.

That election brought a change in many House and Senate seats, so there are a number of new legislators on the scene. It is the responsibility of NCNA's registered lobbyists, as well as all nurse lobbyist members, to get to know the new members of the House and Senate and present to them our perspective on issues. In addition, we will need to maintain and improve our relationship with returning legislators.

It is expected that several issues important to nurses and nursing will be considered during the 1987 session. Many issues will directly or indirectly impact on the practice of nursing and the nursing profession. You are encouraged to acquaint yourself with these issues and make every effort to acquaint your individual legislators with the nursing perspective on these issues. Grass roots lobbying efforts are more effective than any other lobbying strategy. The March 3 "Day at the Legislature" workshop will feature more details about these issues.

☐ **Seat belt law**—NCNA was supportive of Senate Bill (SB) 39 in the 1985 legislative session, an act to mandate the use of seat belts for front seat occupants of motor vehicles. The bill passed and, as of January 1, 1987, a $25 fine can be levied on those who don't "buckle up." There are rumblings that there will be an effort to repeal the seat belt law during the '87 session. NCNA maintains its support of mandatory seat belts as prescribed by the current law and will be an active participant in efforts to retain the law should the need arise.

☐ **Local boards of health**-Since the 1985 session, a legislative study committee has been looking at whether or not county commissioner groups should be allowed to assume control of functions of boards and commissions, including boards of health, social services and mental health. The committee will make recommendations to the 1987 legislature. NCNA will monitor this issue carefully.

☐ **Indigent health care**—This issue has also been studied by a legislative

(Continued on page 18)

Nurses help legislators learn to 'Take time for nursing'

If you attended the 1985 "Day at the Legislature" workshop you might recall that NCNA members "mugged" their legislators—that is they presented each legislator with a coffee mug imprinted with the NCNA logo and "stuffed" with a tea bag, a pouch of sanka and a calling card. That project was a big success with nurses and legislators alike.

This year the Committee on Legislation has another smashing idea. The nurses who attend the "Day at the Legislature" workshop will teach our House and Senate members to "*Take time for nursing.*".

On February 9 when the General Assembly reconvened, printed invitations were delivered to legislators for the March 3 legislative reception. The cover of the invitation was imprinted with the face of a clock and a reminder to "Take time for nursing."

On February 26 small post-a-note pads will be delivered again using artwork of a clock face and the message to "take time for nursing," 5:30-7:30 p.m., March 3, 1987, Holiday Inn State Capital.

During the "Day at the Legislature" workshop, nurses in attendance will deliver to their legislator(s) an attractive desk clock. The base of the clock is circular and will have the association's name and a message—"Nurses are there ... around the Clock."

Clever, huh? This idea incorporates a very important marketing concept—repeating

(Continued on page 4)

Browning appointed acting director

Hazel G. Browning, MSN, RN, has been appointed acting executive director for NCNA. Ms. Browning has been a professional staff member of NCNA as associate executive director since 1982.

Ms. Browning's appointment was made by the Executive Committee to provide administrative leadership for NCNA to facilitate the transition between Frances Miller's retirement on December 31 and the appointment of an executive director by the Board of Directors.

In December the NCNA Board of Directors accepted the recommendation of the Search Committee for three candidates to be considered for the executive director position. The board will interview these candidates during January and the beginning of February.

Ms. Browning has provided professional staff leadership for various structural units, and has served as one of NCNA's lobbyists. She has previously represented the association at the state and national level. Ms. Browning and staff have developed an internal plan to facilitate the transition and to support our continued accomplishment of our goals.

Message from the President

Hettie L. Garland

The January issue of *The American Nurse* includes a discussion of future membership in the association in the report of the Constituent Forum meeting in Kansas City, December 6 & 7. Hazel Browning and I attended the Forum meeting. *The American Nurse* has provided several articles related to future membership over the past year. The January article reviews several related actions of the 1986 House of Delegates regarding future membership. President Styles reported progress of the ANA board in response to the House of Delegates directive when the Forum met in December. It was in context of this and previous discussions of the Forum that led to the formal recommendation by the Forum that future membership include both professional and technical nurses.

NCNA's Board of Directors and ANA delegates discussed this issue at length in preparation for the convention in Anaheim. Initially, we felt that it was premature to debate the issue of future membership. However, state nurses associations (SNAs) in the final stages of negotiating entry level in their respective states felt strongly that the timing was right for the ANA House of Delegates to debate and resolve the issue of who shall be the future members.

In subsequent discussions, NCNA's board and ANA delegates developed consensus that the association should represent both professional and technical nurses. Based on this discussion, I felt comfortable in supporting the motion for future membership to be inclusive of all nurses.

The issue of future membership is complex and like other complex issues, there are those who feel strongly that future membership should be limited to the professional nurse and others that it should be inclusive of all nurses.

The ANA board is evaluating a number of factors in completing a report discussing the consequences of membership options. These factors will be discussed in context of three options: RNs only in all SNAs; RNs and ANs in all SNAs; and RNs only in some SNAs with RNs and ANs in other SNAs.

The factors include the consequences for health care, for the profession, for the individual, and for ANA (operational). These categories include but are not limited to sub-factors such as image, control, recruitment, mission, economic security, identity, intraorganizational and interorganizational consequences.

The issue also brings new definitions to the words "profession" and "occupation." If future membership is inclusive of all nurses, then ANA and the SNAs would most likely be viewed as representing the occupation of nursing—not just the profession.

The ANA board report will be available this spring. Our board and ANA delegates will discuss the report and the issue of future membership again in preparation for the 1987 House of Delegates in June.

What do you think? Should the association's "one strong voice" represent the profession of nurses or the occupation of nursing?

Morton joins NCNA staff

Kim Morton's face and telephone voice are becoming familiar to NCNA members now. Kim joined the staff as secretary-receptionist in August. However, we've kept her so busy since then that we overlooked introducing her to the membership through the Tar Heel Nurse.

Kim came to us from NCNB where she was a secretary in Commercial Loan Review and Recovery. She is a Raleigh area native who graduated from Garner Senior High School and attended Wake Technical College.

NCNA members and staff are delighted to have Kim "on board."

Late Breaking News

We have received word from Willis Goldbeck's office that he will be unable to be present and present the luncheon address at our March 3 workshop, "A Day at the Legislature," due to commitments on "the Hill." When Congress calls, you have to go!

Michael Crowell, NCNA attorney and lobbyist, will present the luncheon address in the absence of Mr. Goldbeck.

N.C. Prepaid Legal Services extends open enrollment

N.C. Prepaid Legal Services, the new and exciting membership benefit for NCNA members, is extending its *open enrollment* period through August, 1987. All NCNA members have received information about Prepaid Legal Services in the mail.

Prepaid Legal Services covers personal civil and criminal legal work done for the subscriber, spouse and dependent children. (It is not malpractice insurance!) You may choose your own attorney from anywhere in N.C., the U.S. and Canada to do your legal work. Operating very much like Blue Cross/Blue Shield, Prepaid Legal Services pays the attorney who does the legal work for you and your family.

Everyone will need the services of an attorney: you have a will drawn; someone in your family gets a traffic ticket or a DWI; separations and divorces are covered; real estate closings and re-financing of homes are very popular with the low interest rates available; child support and child custody cases; representation in court for matters ranging from drug charges to fighting for your property that's being taken by the state. Let Prepaid Legal Services pay your attorney's fees!

For $9.50 a month (direct debit), you and your family will receive the maximum benefit coverage of $3,200 a year. By having Prepaid Legal Services, you can *save money* by being covered for legal work you choose to have done and for any unexpected legal expenses that may occur.

To begin a new group, 10% of NCNA's membership must enroll. Expedite the formation of the association's group. Call Barbara Boney, Executive Director of Prepaid Legal Services, at 1-800-662-7545 (828-4622 in the Raleigh area) and request a group enrollment application today.

BEFORE YOU MOVE ...

... please let us know! To be sure you don't miss copies of TAR HEEL NURSE, send change of address to NCNA, P. O. Box 12025, Raleigh, NC 27605.

Nurse PAC evaluates '86 election results, makes plans for '87

"Nurse PAC endorsed candidates faired well in the 1986 general election for house and senate seats," reports Judy Seamon, chairman of the committee. The committee met on January 12 to discuss results of the 1986 election process and to continue planning for 1987 Nurse PAC activities.

In senate races, the Nurse PAC outcome was excellent. Of 12 endorsed candidates, 11 (92%) were successful in their bid for office. Thirty-eight candidates were endorsed in House general election races and 29 (76%) won in November. The list of Nurse PAC endorsed members of the 1987-89 legislature follows:

N.C. Senate
James D. Speed, 11th District
Lura S. Tally, 12th District
William W. "Bill" Staton, 14th District
Wanda H. Hunt, 16th District
Russell G. Walker, 16th District
Robert G. "Bob" Shaw, 19th District
Ted Kaplan, 20th District
William W. "Bill" Redman, Jr., 26th District
Charles W. Hipps, 29th District
R. P. "Bo" Thomas, 29th District
Mary P. Seymour, 32nd District

N.C. House of Representatives
Gerald L. Anderson, 3rd District
Beverly M. Perdue, 3rd District
Daniel T. Lilley, 3rd District
Walter B. Jones, Jr., 9th District
Edward N. "Ed" Warren, 9th District
Wendell H. Murphy, 10th District
A. M. "Alex" Hall, 13th District
Harry E. Payne, Jr., 13th District
Daniel H. Devane, 16th District
Sidney A. Locks, 16th District
Joe Raynor, 18th District
Barney Paul Woodard, 20th District
H. M. "Mickey" Michaux, Jr., 23rd District
Bertha M. Holt, 25th District
Margaret Keesee-Forrester, 27th District
Charles L. Cromer, 37th District
Betsy L. Cochrane, 37th District
David H. Diamont, 40th District
Judy Hunt, 40th District
David W. Bumgardner, Jr., 44th District
Johnathan L. Rhyne, Jr., 44th District
Marie W. Colton, 51st District
Jeff H. Enloe, Jr., 53rd District
Ruth M. Easterling, 58th District
Casper Holroyd, 61st District
William M. "Bill" Freeman, 62nd District
Margaret "Peggy" Stamey, 63rd District
Sharon Thompson, 68th District
George W. Miller, Jr., 69th District

Ms. Seamon has also reported on some very exciting Nurse PAC plans for 1987. Contributor categories have been devel-

(Continued on page 4)

Nancy Langston was the first Silver Contributor for Nurse PAC as they implemented their new contributor categories. Committee chairman Judy Seamon presents the silver PAC pin to Ms. Langston in photo above.

Nurse PAC issues a CALL FOR ACTION . . .

Start The New Year Right . .

HELP MAKE A DIFFERENCE TODAY!

January is the month for annual solicitation for Nurse PAC contributions. Please use the form below to support NURSE PAC's efforts to make a DIFFERENCE for nurses and consumers of health care through political activity.

Name _____

Address _____

City _____ *State* _____ *Zip* _____

Check one ____*RN* ____*LPN* ____*Nursing Student* ____*Other*

Place of employment _____

Phone (H) _____ *(W)* _____

All contributors will receive Nurse PAC quarterly newsletters.

A copy of our report is on file with the State Board of Elections.

Contribution amount and category:

__ *$ 10 Associate Contributor (Friend of Nursing)*
__ *$ 25 Nurse Contributor (RN, LPN, Nursing Student)*
__ *$100 Silver Contributor*
**will receive Silver Nurse PAC pin*
__ *$200 Gold Contributor*
**will receive Gold Nurse PAC pin*
__ *$500 Life Contributor*
**will receive choice of Nurse PAC pin and engraved Revereware bowl*

Mail to: *Nurse PAC, P.O. Box 12025, Raleigh, NC 27605.*

Focus on Districts

by Joy Reed

Would you like your district to be more visible? Would you like others to say, "I wish my district was more like that"?

If so, there are lots of things you can do. First of all, make sure your district is represented in the House of Delegates at convention so that your voice is heard when decisions are made about the officers, goals and priorities, etc. of this association. This year eight districts (totaling 21 delegates) sent no one.

Look around at the members of your district. Isn't there someone who should be nominated for one of the nurse of the year awards or the individual membership recruitment award? Or get your entire district to agree to try to win the district award for greatest numerical or percentage increase in membership.

Make sure that your president attends all three Council of District Presidents meetings each year and send all your officers to the district leadership day in June, even if you have to help pay their expenses.

Send a copy of your newsletter to NCNA so your ideas can be shared with other districts either through this column or in the "District Presidents News." If you don't have a newsletter, start one—even if it's only one page. Plan ahead for district meetings. Set a schedule and publicize it. Knowing when meetings are and what you plan to do may encourage others to attend.

Get together a group of nurses from your district who are interested in legislative issues and encourage them to attend the "Day at the Legislature" workshop on March 3. Make yourselves known to the people who establish health policy in this state and who represent your district.

Make yourselves known to the student nurses organizations in your area and plan joint activities with them. This will promote interest in the professional association from the beginning with these future nurses.

Offer continuing education programs that will attract non-members as well as members to your meetings. NCNA currently has two programs which can be utilized by districts: "The NCNA Peer Assistance Program: An Overview" and "Guidelines for the Registered Nurse in Giving, Accepting, or Rejecting a Work Assignment." There are two others being developed, one on "entry into practice" by the Commission on Education and one on "the nurse and the political process" by Nurse PAC.

Share your successful strategies with other districts! Beginning with the next issue, each *Tar Heel Nurse* will feature a "district pearl," an idea, strategy, or tip shared by someone from the district level which would benefit all districts. Be sure to submit your own ideas and look for the winning "pearl" in each issue!

Reception to honor Frances Miller

NCNA will honor Frances Miller at a reception on Tuesday, March 3. Mrs. Miller recently retired from her position as executive director of the association.

Members of NCNA honored Mrs. Miller last fall at a reception at the NCNA Convention sponsored by the Council of District Presidents and presented her with a gold and diamond necklace as a gift from the membership.

The March 3 reception will offer an opportunity for other friends and business associates to wish Mrs. Miller well in her retirement. The event will be held at the Holiday Inn State Capital from 7:30 p.m. - 9:00 p.m. This function follows the reception for legislators and the N.C. Council of State which is held in conjunction with the "Day at the Legislature" workshop.

MARKETING MEMBERSHIP:

A Focus For Districts

A FREE workshop for members of district membership committees and others interested in membership recruitment and retention.

April 28, 1987
10:00 a.m.-2:00 p.m.*
NCNA Headquarters

For more information, call your district president or NCNA.

***Lunch on your own**

Nurse PAC evaluates - *from page 3*

oped by the committee and approved by the NCNA Board of Directors and will be initiated in 1987. The categories include the following:

Associate Contributor (Friend of Nursing)	$ 10
Nurse Contributor (RN, LPN, SN)	$ 25
Silver Contributor	$100
Gold Contributor	$200
Life Contributor	$500

Every nurse is encouraged to contribute to help gain the political strength needed to move nursing forward.

Two nurses have already taken this important step. At the 1986 NCNA Convention, Nancy Langston, NCNA member and dean of the School of Nursing at UNC-Charlotte, became the first Silver Contributor with a $100 contribution.

More recently, Mary "Chris" Allen of Jacksonville became the first Life Contributor with a $500 contribution. "Chris has served as a Nurse PAC committee member in recent years and is keenly aware that much of our strength lies in our commitment to further developing our political savvy," says Mrs. Seamon.

Nurses help - *from page 1*

your message. This is a "three time hit" reminding legislators to "Take time for nursing." In addition, it is hoped that those desk clocks will be around for a long time to be a constant reminder.

The 170 legislators have been assigned to NCNA districts according to the legislator's county of residence. Districts are the focal point of this project. Districts have been asked to identify their "time keepers," those nurses who will attend the workshop and hand deliver the clocks during the afternoon session of the workshop.

The "Day at the Legislature" workshop is expected to draw a large audience this year. As many as 350 nurses will converge on the state legislative building during the afternoon hours of March 3 to help legislators learn to "Take time for nursing."

ACTIONS OF THE BOARD

The Board of Directors took the following actions at meetings on December 10, 1986 and January 8, 1987:

- Approved a resolution to amend the association's Certificate of Incorporation to designate Legal Counsel Michael Crowell, as registered agent for the purpose of accepting legal papers on behalf of the association.
- Approved a position statement on The Role of the Registered Nurse in Health Care of the Elderly.
- Received a report from the Commission on Member Services about the November forum on standards of care and staffing ratios.
- Received a report from the Steering Committee.
- Directed the Commission on Practice to develop criteria to assist with selection of the nurse as an expert witness.
- Approved motions authorizing selected staff and NCNA officers to transact business with the association's financial institutions.
- Appointed a subcommittee to develop a plan to approach the current crisis in nursing dealing with recruitment, retention and utilization of nurses.
- Approved establishing a Psychiatric-Mental Health Nurse of the Year Award starting in 1987.
- Directed that monies generated in the sale of NCNA pins be placed in the general fund.
- Received a report from NCNA advisor to NCANS, Linda Wallace, and from NCANS president, Aggie Ginn.
- Made the following appointments: Dianne Marshburn to the Membership Committee; Therese Lawler to the Commission on Health Affairs; Cheryl Proctor to the Committee on Legislation.
- Recommended Marge Bye for appointment to the ANA Board of Accreditation.
- Endorsed Mary Lou Moore as a nominee in the 1987 ANA Cabinet on Nursing Research election.
- Endorsed the following ANA Council nominations in the member-at-large category: Carolyn Billings, ANA Council on Psychiatric and Mental Health Nursing; Estelle Fulp, ANA Council on Community Health Nurses; Ruth Ouimette, ANA Council on Gerontological Nursing.
- Approved a 1987 "Five for Free" membership recruitment contest.
- Adopted a policy restricting use of the NCNA logo to projects and/or materials approved by the Board of Directors and adopted a motion allowing all NCNA constituent district associations to use the NCNA logo on letterhead and all official district communications.
- Designated Rachel Stevens and Joan Bounds as "personal Board members" for NCNA District 35.
- Adopted a motion to provide in the 1987 budget for escrow funds for ANA accreditation fees, glass insurance and equipment replacement.
- Approved the transfer of $10,000 from operating funds to reserve fund account.
- Authorized the purchase of additional NCNA coffee mugs and "Today We Need a Nurse" posters for resale.
- Adopted a motion to continue organizational operations under a continuation budget until approval of the 1987 budget.
- Revised and approved policies and procedures, a companion document to the bylaws approved at the 1986 House of Delegates.
- Accepted a standardized format developed by the Commission on Practice for 1987 Nurse of the Year competition requirements.
- Approved use of the absentee voting option for 1987 elections for the Primary Care Nurse Practitioner Conference Group.
- Approved a T-shirt logo design for the Primary Care Nurse Practitioner Conference Group T-shirt sale.
- Voted to pursue the development of a nursing update series on adult health.
- Approved a recommendation from the Convention Program Committee that the Sheraton Imperial Hotel and Towers in the Research Triangle Park be the site for the NCNA Convention to be held October 24-27, 1989.
- Voted to withdraw NCNA's bid to sponsor the 1987 Southern Regional Nursing Diagnosis Conference.
- Voted to send a letter in support of the submission of Margaret Miles' name for the ANA Council on Maternal Child Health Nursing.
- Appointed ad hoc committees on "Solicitation of Funds at Convention" and "Criteria for Board of Directors awards."

An innovative approach to nursing education: The Southern Performance Assessment Center

Are you immobilized in your career? If so, read on. Contracting with the University of the State of New York's Regents College Degree (RCD) in Nursing Program the Georgia Nurses Association's RCD program makes it possible to earn credit by examination for knowledge and skill acquired through independent study and work experience as well as through college credits.

The program is a model for the southern region for increasing career mobility choices by providing an alternative way to earn a Bachelor of Science in Nursing or an Associate Degree in Nursing with maximum flexibility and without jeopardizing the quality of education received. While it is possible to earn an ADN or BSN entirely by examination, most students choose to take their general education course work at regionally accredited colleges or universities along with approved college level examinations for credit.

The Southern Performance Assessment Center (SPAC) in Atlanta administers the performance examinations required by this nursing program.

The Clinical Performance in Nursing Examination (CPNE) involves actual patient care situations in a hospital setting and simulated nursing laboratory situations. It takes two and one-half days to complete and is offered at least three times each month.

The Health Assessment Performance Examination (HAPE) evaluates the BSN student's ability to perform a health history and physical examination of a client. Students are also tested on their ability to analyze the data and make nursing recommendations. The Teaching Performance Examination (TPE) tests the student's ability to teach a client an assigned aspect of health care. The entire Health Assessment and Teaching Performance Examination (HATPE) takes approximately six hours and is offered twice every two months.

The Professional Performance Examination (PPE) assesses the BSN student's competence in management of client care, collaboration, research and leadership. This two-day examination is administered every month at the GNA Headquarters, in which the SPAC office is located.

The RCD students are all adult learners who demonstrate independence and flexibility in their ability to meet degree requirements. If you are a self-directed, capable, motivated person interested in pursuing your ADN or BSN and the external degree route described in this article seems to be a method of helping you accomplish your career goals, write or call:

New York Regents College Degree
Nursing Program
Cultural Education Center
5D45 (SPAC)
Albany, NY 12230
(518) 473-8957

Multiply Membership

Nurse practitioners plan for 1987 Spring Symposium

Nurse practitioners, mark your calendars. The 1987 Primary Care Nurse Practitioner Conference Group Spring Symposium is planned for May 14-16 at Summer Winds Resort Conference Center at Salter Path. This year's educational retreat promises a lot to offer from the oceanfront luxury condominium complex to exciting professional and clinical program sessions.

The 2nd annual Audrey Booth Lecture will kick off the symposium on Thursday morning with Patrick DeLeon featured as the keynote speaker. Mr. DeLeon is an administrative assistant in the office of Senator Daniel Inouye in Washington, DC. He will address the nurse practitioner's role in health policy and health services. Two additional program sessions on Thursday will focus on current legislative initiatives impacting on nursing and the health care delivery system. Tom Nickels, director of Congressional and Agency Relations in the ANA Washington office will share information about happenings on Capitol Hill and Michael Crowell, NCNA attorney-lobbyist, will bring legislative news from North Carolina's capital city.

Clinical sessions are planned to bring up-to-date information on several topics including the following: management of GI disorders, health issues for women between ages 40 and 60, communicating with adolescents, primary care management of diabetes and others.

A trade show will be a feature at the symposium again this year. Exhibitors will be available to symposium participants on Thursday afternoon.

And there's more ... conference group business matters will be addressed at two planned business meetings. Networking with peers is always a valuable element of the symposium. Participants may even find time for "fun and sun" since programming is planned for early morning and late evening, leaving mid-day hours free.

The planning group for the symposium has even planned a T-shirt sale! Suggestions for T-shirt design were submitted from nurse practitioners across the state. The planning committee made their selection and are taking pre-paid orders for T-shirts in this edition of the *Tar Heel Nurse* (see order form on this page). The T-shirt order is expected to be delivered to NCNA in time for the spring symposium. You wouldn't want to be the only one at the conference without a T-shirt, would you? Place your order today!

The spring symposium registration flyer will be mailed to all NC nurse practitioners in early April. Plan now to attend.

ATTENTION, Nurse Practitioners.
ATTENTION, T-shirt lovers.

Order a T-shirt today ...
promote health and nurse practitioners tomorrow.

The Primary Care Nurse Practitioner Conference Group selected the T-shirt design below for a special project. *Pre-paid* orders will be accepted until March 15. The order is expected to be available for distribution at the May 14-16 Spring Symposium at Summer Winds Resort Conference Center. Those who order a T-shirt but are unable to attend the symposium will receive their T-shirt via mail after the symposium.

Primary Care Nurse Practitioner Conference Group
T-Shirt Order Form

Name _____

Address _____

City _____

Phone: Home ( ) _____ Work ( ) _____

Enclosed is payment for _____ T-shirts (at $10 each).

Size ____ small ____ medium ____ large

Total Enclosed $ _____

Mail form and check or money order to NCNA, P.O. Box 12025, Raleigh, NC 27605 by March 15.

T-Shirt Color Scheme:

Navy T-Shirt
White Letters
Red apple & Outline of State

Front (Left)

Back (Centered)

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

DATE/HOUR	EVENT
February 20	Legislative Committee
February 20, 10:00 a.m.	Nominating Committee
February 23, 10:00 a.m.	Continuing Education Approval Unit
February 26, 9:00 a.m.	Commission on Practice
February 26, 9:30 a.m.	Steering Committee
February 27, 10:00 a.m.	Gero Division Executive Committee
February 27, 10:00 a.m.	Peer Assistance Program Committee
March 3	"Day at the Legislature" workshop, Holiday Inn State Capital
March 6, 9:00 a.m.	Board of Directors
March 7, 10:00 a.m.	Psych-Mental Health Division Members & Conference Group of Psych-Mental Health Nurse Specialists meet
March 9, 10:00 a.m.	Maternal-Child Health Executive Committee
March 16, 10:00 a.m.	Primary Care Nurse Practitioner Conference Group Executive Committee
March 17, 10:00 a.m.	Membership Committee
March 18, 9:30 a.m.	Steering Committee
March 20, 10:00 a.m.	Peer Assistance Program Committee
March 20, 10:00 a.m.	Commission on Education
March 23, 10:00 a.m.	Continuing Education Provider Unit
March 24, 10:00 a.m.	Convention Program Committee
March 27, 10:00 a.m.	Legislative Committee
March 27, 10:00 a.m.	Continuing Education Approval Unit
March 27, 1:30 p.m.	Conference Group of Psych-Mental Health Nurse Specialists
April 3, 9:00 a.m.	Board of Directors
April 14, 9:00 a.m.	Convention Program Committee, Adam's Mark Hotel, Charlotte
April 17	Holiday, Office Closed
April 20	Holiday, Office Closed
April 22, 9:30 a.m.	ANA Delegates
April 23, 9:30 a.m.	Steering Committee
April 23, 1:30 p.m.	Joint Practice Committee, NC Medical Society Building
April 24, 10:00 a.m.	Gero Executive Committee
April 24, 10:00 a.m.	Peer Assistance Program Committee
April 24 & 25	Nursing Management Section "Spring Fling"
April 27, 10:00 a.m.	Continuing Education Approval Unit
April 27, 6:30 p.m.	Membership Committee
April 28, 10:00 a.m.	Membership Committee Workshop
May 1, 9:00 a.m.	Board of Directors
May 6, 8:30 a.m.	Community Health Division
May 6	NURSES DAY
May 7, 9:00 a.m.	Commission on Practice
May 7, 3:00 p.m.	Psych-Mental Health Division Executive Committee
May 8, 9:30 a.m.	Steering Committee
May 11, 10:00 a.m.	Commission on Education
May 14-16	Primary Care Nurse Practitioner Conference Group Spring Symposium, Summer Winds, Salter Path, NC
May 18, 10:00 a.m.	Maternal Child Health Division Executive Committee
May 19, 10:00 a.m.	Convention Program Committee
May 21, 9:30 a.m.	ANA Delegates
May 23, 9:30 a.m.	Conference Group of PMH Nurse Specialists
May 25	Holiday, Office Closed
May 29, 10:00 a.m.	Peer Assistance Program Committee
May 29, 10:00 a.m.	Continuing Education Approval Unit
June 6-9	ANA House of Delegates
June 22	Council of District Presidents Leadership Orientation Day
October 28-31	1987 NCNA Convention, Adam's Mark Hotel, Charlotte, NC

Names submitted for ANA ballot

The Board of Directors of NCNA has submitted the following names to the ANA nominating committee for possible placement on the ballot for the 1987 ANA election to be held during the House of Delegates session, June 6-9, 1987 in Kansas City: Judy Seamon, for ANA Board of Directors; Gene Tranbarger for the Cabinet on Nursing Services; and Mary Lou Moore, for the Cabinet on Research. Both Judy Seamon's and Gene Tranbarger's nominations have been endorsed by the ANA Cabinet on Nursing Services. Mr. Tranbarger currently serves on the Cabinet on Nursing Services and will be seeking reelection if placed on the ballot.

NCNA is also submitting names to the nominating committees of four ANA Councils: Council on Psychiatric and Mental Health Nursing—Carolyn Billings; Council of Community Health Nurses Estelle Fulp; Council on Gerontological Nursing—Ruth Ouimette; and Council on Maternal-Child Nursing—Margaret Miles.

Council nominating process begins

As NCNA begins its conversion to a new structure, current structural units such as divisions, sections, conference groups, and forums, may petition the NCNA Board of Directors to become councils. The Board of Directors will begin in February considering these petitions, and all approved councils will hold elections of officers at the 1987 NCNA convention in Charlotte.

Current structural units which have already submitted such petitions include: Community Health Division, Gerontological Nursing Division, Maternal-Child Health Division, Medical-Surgical Division, Primary Care Nurse Practitioner Conference Group, and the Psych-Mental Health Division. Other structural units voted at the 1986 NCNA convention meeting to submit a petition, but have not yet done so.

If you have suggestions for consideration by the nominating committees of any of these councils, call Hazel Browning or Joy Reed at NCNA Headquarters.

Don't forget...

☐ "Ethical Dilemmas and Nursing Practice," a two-part program developed by the Commission on Practice, will be presented at two remaining sites ... at Methodist Retirement Home in Charlotte on February 25 and March 4, and at Caldwell Memorial Hospital in Lenoir on March 12 and 19. Anyone wishing to register can do so by calling NCNA at (919) 821-4250.

☐ Register *today* for the March 3 "Day at the Legislature" workshop to be held at the Holiday Inn State Capital. A registration form can be found in the November-December issue of the *Tar Heel Nurse*.

☐ Subscribe today to NURSES' NOTES from the Capital. For $10 you can't find a better source of information! Subscription forms were included in the November-December *Tar Heel Nurse*.

NEWS NOTES FROM:

Primary Care Nurse Practitioner Conference Group

Joyce L. Nixon, Chairman
Primary Care Nurse Practitioner Conference Group

A busy 1986 has come and gone and 1987 promises to be just as challenging to NPs across the state. Many feats have been accomplished and for this we can be glad. Just take a look at what has happened...

- formal organization of NPs into regions across the state.
- leadership within the 9 regions (RLPs).
- establishment of work groups to facilitate the accomplishment of goals.
- membership in the National Alliance of Nurse Practitioners.
- input and positive results regarding the BOME ruling on birth control pill prescriptions.
- regular, ongoing, organized executive meetings within the NCNA structure.
- greater interaction with all other members of NCNA and thereby greater cohesion/support from our colleagues in other areas of nursing.
- quality CE offerings.
- a job opportunity resource/information person.
- improved awareness of our role as a structural group within NCNA.
- greater definition to our requested budget for 1987.
- improved attendance at NCNA Convention.
- significant NP delegate representation at NCNA Convention.
- representation on the NCNA Commission Practice.
- a membership increase from 115 to 154 (46 new members)!
- establishment of an ad hoc group to develop a survey tool on NP salaries across the state.
- a greater/different appreciation for parliamentary procedure (give a tongue in cheek smile on that one).
- an annual symposium to allow opportunity to learn, network, decide upon issues and relax.
- greater cohesion/communication among N. C. NPs.

I would hope that part of your resolves for this new year will be to get involved with N. C. NPs in a more significant way than ever before. The life you assist will be your own and the rewards can be immeasurable. There is so much potential for growth in so many areas and you perhaps can be that extra spark that ignites a blaze of ideas and activities. I challenge you in this new year to make 1987 the year when you seek to make an imprint within your professional group and thereby help us all to make the state of North Carolina a healthier and better place to live. Happy New Year!

AJN Home Study Series

Home Study CE Series: *AJN* has a new ten unit CE series available for $2.25 per contact hour of credit. Topics are: "Adult Arthritis," "Alzheimer's Disease," Benign Breast Disorders," "Breast Cancer," "Burn Care," "Dizziness: Causes, Prevention, and Management," "Heart Sounds and Common Murmurs," "Intra-Aortic Balloon Pump Therapy," "Promoting Wound Healing," and "Using the ECG to Detect MI." For more information, write Educational Services Division, Dept. CE, American Journal of Nursing Company, 555 West 57th Street, New York, NY 10019-2961.

RESOLUTIONS PROCEDURE

The Committee on Resolutions functions throughout the biennium in receiving and studying proposed resolutions submitted to it.

A resolution is a main motion put before the policy-making body on a subject of great importance, expressed in formal wording. A resolution adopted by the House of Delegates of the North Carolina Nurses Association establishes or makes known the position of the Association on matters of state and/or national scope and significance affecting nurses, nursing, and the health needs of the public.

Substantive resolutions are those which deal with basic principles and policies of the Association or with issues of national concern to nurses as practitioners and citizens. These resolutions are thoughtfully and carefully developed in advance of a convention for presentation to the House of Delegates. These may include recommendations for legislation or for joint or separate action with other organizations on matters of mutual interest.

Deadline—Substantive resolutions must be submitted to the Committee on Resolutions by May 15, preceding the fall convention.

Emergency resolutions are those whose significance could not have been apparent by the deadline date and which, because of timeliness, require immediate action.

Deadline—Emergency resolutions must be submitted no later than 5 p.m. on Wednesday, October 28, 1987, at the convention.

Initiation of Resolutions—Resolutions may be submitted to the Committee on Resolutions by individual members, the NCNA Board of Directors, district associations, any structural unit of the Association, or may be initiated by the Committee on Resolutions. Cost implications must be attached to each resolution.

Disposition—The Committee on Resolutions will review resolutions for content, relevance, appropriateness, timeliness, and scope. The Committee may edit, rewrite, or combine resolutions.

The Committee will report to the Board of Directors in advance of the convention a recommendation for approval or disapproval of each resolution received by the deadline date. The Committee may recommend referral of a resolution to an appropriate committee or other structural units of the Association.

All resolutions received by the Committee shall be reported to the House of Delegates with the Committee's recommendation.

All resolutions approved by the Committee will be put before the House of Delegates for vote.

Originators of resolutions will be advised whether their particular resolution has been approved, disapproved, or substantially changed. Reasons for not approving resolutions will be stated.

Copies of substantive resolutions approved for presentation to the House of Delegates will be distributed in advance of the convention to district associations and to delegates.

Guidelines for writing resolutions and identifying cost factors are available from the Resolutions Committee at NCNA headquarters.

NORTH CAROLINA NURSES ASSOCIATION

103 Enterprise Street • P.O. Box 12025 • Raleigh, North Carolina 27605 • Telephone (919) 821-4250

Guide to lobbying

This special section is your lobbying guide for the 1987 session of the North Carolina General Assembly. It contains our goals for this year's lobbying effort, lobbying do's and don't's, guides on how to contact your lawmaker, and names and addresses of members of the 1987 General Assembly, along with maps showing the house and senate districts. House and Senate districts are different in most cases. Locate your county on each map to find the names of your representatives in the House and your senators.

Keep this guide handy for easy reference throughout the session. Add to your file future issues of the *Legislative Bulletin, Tar Heel Nurse,* and *"Nurses Notes from the Capital".*

Lobbying goals

1. Every nurse a lobbyist. The nurse lobbyist (that's you) provides the one-to-one contact between NCNA and the lawmaker. You, the nurse lobbyist, can influence his/her vote because you are his constituent.
2. Feedback system. An equally important lobbying goal is that every nurse lobbyist will communicate to headquarters in Raleigh data obtained and responses received from the lawmaker. We must have this important feedback to assist us in assessing our progress and devising actions.
3. At least one informed registered nurse serving as liaison throughout the session for each lawmaker. This liaison nurse is to communicate frequently with the lawmaker and encourage the lawmaker to consult with the liaison nurse about legislation relating to health care.

Responsibilities of the nurse lobbyist

1. To make periodic and timely contact (personal visits whenever possible) with the legislator to explain the NCNA position on the issues and to report back to NCNA headquarters the results of the contacts.
2. To contact the legislator directly before key committee or floor votes. The professional lobbyist in Raleigh usually alerts the member lobbyists as to timing of these contacts.
3. To collect and maintain information about the legislator, such as commitment to NCNA issues, voting records, committee assignments, bills sponsored.
4. To seek support for NCNA's position from other constituents or sympathetic groups who may be especially influential with the legislator.

Contacting your legislator

Personal contact with your representative or senator is the most effective way to promote your legislative interests and concerns. All legislators appreciate hearing from their constituents. Opinions of constituents on any issue assist the legislator in making decisions about the actions he/she will take in support or opposition (or for compromise) regarding that issue.

Face-to-face contact with your legislator is the most effective way to make your opinions known to the legislator. When this is impossible, a telephone call or personal letter also can be effective. During the legislative session, members of the General Assembly spend nearly every weekend in their home communities. Call on them personally or telephone them at their home or place of business. Legislators' telephone numbers at the State Legislative Building can be obtained through (919) 733-4111.

Use the following guide in addressing letters to legislators:

The Honorable _____
North Carolina House of Representatives
State Legislative Building
Raleigh, N.C. 27611

The Honorable _____
North Carolina Senate
State Legislative Building
Raleigh, N.C. 27611

When you make a visit

Make an appointment and go with one or more other nurses if possible. Keep the visit brief and to the point. Be friendly—you'll probably be visiting again in the future, and you want the legislator to be receptive. Be sure to express appreciation for the appointment. If the legislator asks questions you can't answer, say you don't know but you will get the answer and communicate it to him/her. Be respectful of the office and responsibility the legislator holds, but don't be intimidated—he/she is a citizen in your community just as you are.

When you make a phone call

When time is short a telephone message is sometimes the best way to communicate, especially when you know the legislator personally or you have established previous face-to-face contact. If you cannot talk to the legislator directly, deliver your message to a member of his staff. Be sure you identify yourself clearly to the answering party and clearly identify the issue you are addressing.

When you write a letter

1. Address the letter properly.
2. Use your own stationery. Use your own words. Form letters are ineffective.
3. Write legibly or type your letter.
4. Sign your full name and show your address on the letter.
5. Do not write on "behalf of NCNA"—write on behalf of YOURSELF.
6. Know your subject. Identify the bill by number or name, if you can.
7. Stick to one subject. This makes your position easier to understand and adds weight to the message.

8. Keep it brief. One page should be enough. One sincere paragraph could be enough. You don't have to analyze and explain the entire bill.

9. Be concise. Summarize your position in the first paragraph. Use the remainder of the page for explanation and supporting remarks.

10. Be factual. If you have expert knowledge, share it. Do not offer arguments that cannot be substantiated. Personalize the effect of the legislation, if possible, telling how you see the legislation affecting you, your practice, your community.

11. Be reasonable and polite, but communicate that you would like to know your legislator's position on the legislation.

12. Write while there is still time for the legislator to take effective action.

13. Say "thank you" for a favorable vote to let your legislator know you appreciate a job well done.

Lobbying tips

DO be knowledgeable about the subject you discuss with your legislator to gain and keep his/her confidence.

DO make periodic contact with the legislator. One letter or telephone call won't establish a legislator-constituent relationship.

DO furnish the legislator with your address and telephone number.

Avoid threats or demands. It will turn the legislator off. Be polite and fair.

Avoid being nasty about people whose views differ from yours.

Avoid excessive pressure for a commitment from the legislator. Remember that lawmakers may not be ready to express specific commitment on a bill, but this does not minimize the value of your contact in helping the lawmaker to reach a decison.

Sources of information

A Bill Status Desk is in operation during the 1987 session. By calling (919) 733-7779, writing, or visiting this desk, anyone may obtain information on the current status and legislative history of any bill introduced. The desk is located in Room 2226 (Legislative Library) of the State Legislative Building. The service is available 9-5:30 on weekdays and 7-9 on Monday evenings.

Anyone may obtain a single copy of any bill introduced in the 1987 session at no charge. A bill may be picked up at Room 2022. To request a copy of a bill by mail, send a stamped, self-addressed envelope to: Printed Bills, State Legislative Building, Raleigh, N.C. 27611. Bills requested should be identified by house of origin and number (e.g., House Bill 21). A single copy of a bill may be requested by telephone at (919) 733-5648.

A final word ...

Legislation becomes law through compromise. Legislators want to pass laws that are as non-controversial as possible. They are skilled at finding the common ground for agreement. They will be seeking to satisfy all interested parties. Lobbying involves the art of compromise—accepting refinements of thought, clarifying language, giving here to gain there. Compromise in lobbying is inevitable.

A Day at the Legislature
NURSING'S ROLE IN PUBLIC POLICY DEVELOPMENT
March 3, 1987

Name _____ Phone (W) _____ (H) _____

Address _____ City _____ Zip _____

N.C. House District # _____ Senate District # _____

( ) RN NCNA member ( ) RN Nonmember ( ) LPN ( ) SN
NCNA district # _____

Pre-registration fee: (Fees cover costs of breaks, lunch, reception, workshop materials and CE credit)

( ) $45 NCNA member workshop fee
( ) $40 NCNA *retired* member workshop fee
( ) $60 Nonmember workshop fee
( ) $40 Special fee for students in any nursing education program (Limited to 20 students at this special rate)
( ) $15 Special fee for *Reception only*

Please indicate your level of skill in lobbying to assist us in designating lobby teams:

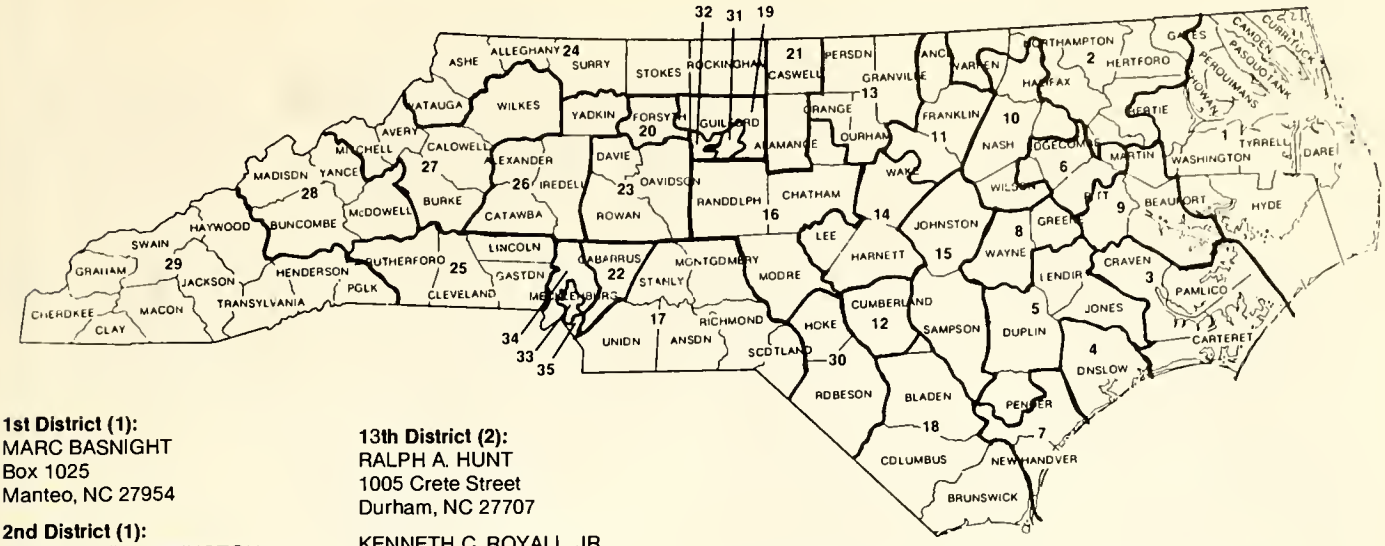
( ) I am a novice at lobbying . . . assign me to a mentor!
( ) I have had some personal experience at lobbying. I do not feel ready to lead a lobbying team . . . but will be happy to assist a team.
( ) I have had some personal experience at lobbying and am willing to lead a team of nurse peers.
( ) I do not wish to be assigned to a lobbying team.

No refunds after February 13. Amount enclosed $ _____

Pre-registration deadline: February 13. All on-site fees will be $15 higher than those listed above.

Make check payable to NCNA and mail to: NCNA, P.O. Box 12025, Raleigh, N.C. 27605

North Carolina Senate



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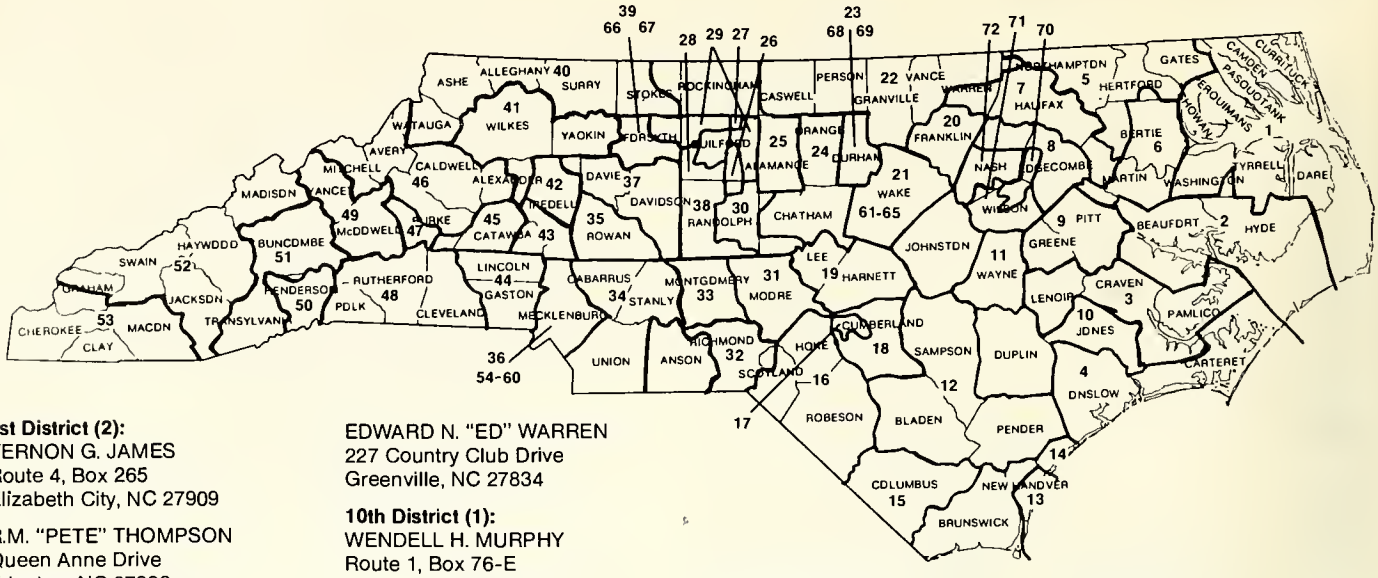
North Carolina House of Representatives



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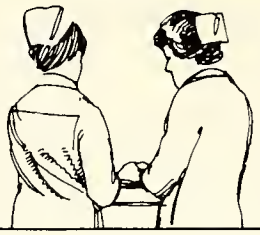
Rocky Mount, NC 27803

NURSES' NOTES from The Capital

Be informed on the 1987 legislative session.

Call (919) 821-4250 and subscribe today.

NURSE TO NURSE



By Carolyn Billings, Chairman
Commission on Member Services

"When will we ever learn, oh, when will we ever learn." Here it is again ... a new year. And here it is again ... a "nursing shortage."

Funny thing. I keep reading in the paper about a "teacher shortage." The educational system is forming all kinds of study committees and education reform groups to deal with the "looming teacher shortage" in North Carolina and across the nation. Lots of things are being tried. Wage incentives. Career ladders. Scholarships. In our state the General Assembly has agreed to fund $10 million yearly for the N.C. Teaching Fellows program, which will award students $5,000 annually for four years in college if they agree to teach in the state's public schools for at least four years. An educational forum met this year and proposed a 10-point plan for recruiting and retaining teachers. Still, a teacher friend of mine says that if the teacher-student ratios were more reasonable, and the class schedules were set up to improve the teacher-student relationship, and the work load for teachers promoted quality in classroom teaching ... she'd be happy. Or, as one Public School official was quoted recently as remarking, "These graduates (the ones on scholarship), if they come out of college and *they don't like what they find in the job*, what's to keep them from leaving teaching as soon as the average teacher leaves?"

With all apologies to teachers who might be offended that a non-teacher would presume to analyze their problems, I timidly offer an observation. I *care* about the problem in public education. I care because I am a parent. I care because my children or my grandchildren would benefit from any educational reform and would surely suffer without it. As one parent recently observed in an editorial column: "Over the years, my wife and I have witnessed a kind of magic in the educational process of our children. It was a magic of love, a bond that drew them to certain teachers with whom they did well. With certain others, the year was a total flop." Parents, consumers of the educational process, *know*. They know what makes the difference between a learning experience and a waste of time.

So, too, do patients (and their families) know. They know the magic of the healing relationship with a caring nurse. They would be the first to speak for working conditions which promoted that relationship and fostered it.

If teachers are leaving teaching, and nurses are leaving nursing, it is because we have not made good use of the power of the consumers. With them as our allies, working together, we could form a formidable force to reshape intolerable working conditions into satisfying opportunities for the professionals and meaningful services for the consumers.

ABOUT PEOPLE

Where is the news about nurses ... about NCNA members who have received honors and awards, written articles and books, presented papers at conferences, etc.? We *know* there are members out there who are doing these things. Please let us know who they are so we can share their accomplishments with all NCNA members through this column.

Five For Free Contest

Recruit 5 new full pay members (or any combination of new members paying half-price and/or quarter-price dues equivalent to 5 full pay members) between March 15 and September 15, 1987, and choose between 1) waiver of 1987 NCNA convention registration fee and 2) equivalent credit toward annual membership dues not exceeding your current individual membership rate.

Please follow these guidelines to ensure accurate record-keeping and a smoothly run contest. You, the nurse recruiter, are responsible for:

1. Writing "Recruited by" and your name on *all* copies of each application used. Only *individual* recruiters are eligible.
2. Ensuring that applications are completed fully and correctly (those with missing information, i.e., license number, *cannot* be processed—only processed applications will be counted as new members).
3. Ensuring that applications are mailed to NCNA Headquarters, P.O. Box 12025, Raleigh, NC 27605 *and are received* on or before September 15, 1987.

You will be notified when the applications of *your* new members are received and processed. You will also be advised of any deficiencies in a prospective member's application (that prevents processing) so that *you* may contact them to correct it.

Winners will be notified between October 10 and October 25, 1987. Remember! A new member is a nurse who has not been a member of NCNA or another state nurses association for at least six months.

Position Statement

The Role of the Registered Nurse in Health Care of the Elderly

The elderly are the fastest growing segment of our population. This special population group has special health care needs, and most of these needs are nursing needs that require and will respond to the unique skills of nurses. The present health care delivery system has impeded the use of qualified nurses in care of the elderly—in institutions, in the community, and in the home.

As health care providers, registered nurses focus on abilities, rather than disabilities; on health, rather than disease; on goals, rather than problems; on the well elderly as well as the frail. The nurse is prepared to assist the older adult in achieving and maintaining a level of wellness and quality of life consistent with the limitations that may be imposed by the aging process or by acute and/or chronic illness.

The scope of gerontological nursing practice includes:

- assessing the client's health status;
- monitoring chronic health care needs;
- improving health status by non-pharmacological intervention;
- identifying and coordinating services of other health care providers;
- collaborating with and making referrals to nurses in specialty practice and to other health care professionals;
- planning and providing care to meet the physical, psychosocial, and recreational needs of each individual;
- serving as advocate for clients and families in negotiating the complexities of the health care system;
- providing health teaching to the client and family;
- evaluating all aspects of the individual's health care on a continuous basis;
- advocating community services and providing consultation to community service organizations.

Appropriate utilization of nursing in providing health care services to our growing elderly population is the most cost-effective response to a mounting public concern for its responsibility for safe and accessible health care for the elderly. Nurses comprise the most available and one of the best resources in our health care system. Nurses are the one group of providers who can make a difference in the cost of services to the elderly and in the quality and appropriateness of the care they receive. When the health care needs of the elderly are appropriately met—through wellness care, health teaching, and prevention of disease and disability—these clients will require less of the most expensive levels of care. They will require fewer drugs, less high-tech intervention, and less institutionalization.

The North Carolina Nurses Association is committed to work toward greater recognition and utilization of nurses as providers of health care for the elderly. NCNA will work for:

- increased emphasis on gerontological content in curricula of schools of nursing;
- increased collaboration with consumer and other groups that have health care for the elderly as a focus;
- required training with a common core curriculum for all persons who provide health care services to the elderly;
- adequate licensure standards and quality assurance for institutions that care for the elderly to assure safety and optimum level of functioning for the clients;
- reimbursement under federal and state health care financing mechanisms and insurance programs for qualified nurses who render covered services;
- continuing education in gerontology for nurses as well as for other health care workers providing services to the elderly, including legal and ethical aspects of reporting elder abuse;
- recognition and utilization of the professional nurse as care manager for the elderly client;
- enhancement of the voice of the elderly in decisions about their health care—policy decisions, community services, freedom of choice of their health care providers;
- a formal educational preparation for gerontological nursing clinical specialists and gerontological nurse practitioners.

Approved by Board of Directors 12/10/86

Nursing Management Section to hold 'Spring Fling'

The Nursing Management Section of NCNA is finalizing plans for "Spring Fling," a one and one-half day workshop to be held April 24-25, 1987 at Shell Island Resort at Wrightsville Beach. The workshop will be a follow-up to their 1986 NCNA convention program, "If the Manager Nurtures the Nurse, WHO Nurtures the Manager," by providing nurturing for nurses involved in all levels of management.

The workshop will include opportunities for fun, networking, and timely content such as "computer capabilities for nursing," and "conflict resolution with superiors, peers, and subordinates." If you are interested in attending and your institution has not received a brochure by March 1, 1987, call NCNA Headquarters.

Nurse Mates sponsors Heart of Gold Competition

Nurse Mates Company is sponsoring another Nurse Mates Heart of Gold award designed to recognize excellence in nursing. The program is open to RNs, LPNs, and student nurses throughout the nation. Patients, families, fellow nursing colleagues, administrators, and hospital staff can initiate nomination of a nurse who they feel exemplifies the professionalism and caring of nursing.

The Heart of Gold winner will receive $9,000 in money, grants, and other gifts and the other 9 semi-finalists and 3 finalists will also receive cash and gifts.

Nomination forms are available in major hospitals, schools of nursing, and all Nurse Mate retail stores.

NORTH CAROLINA NURSES ASSOCIATION announces 1987 NURSE OF THE YEAR COMPETITION

in the following specialty practice categories:
Community Health Nursing
Gerontological Nursing
Medical-Surgical Nursing
Nurse Practitioner
Psychiatric-Mental Health Nursing

Competition in these categories is designed to recognize registered nurses in North Carolina who demonstrate excellence in each of the five areas of nursing practice.

Entry Process:

1. A nominee for any of the five specialty competitions must be a registered nurse in North Carolina working within the specialty area of nursing. Membership in NCNA and active participation at district or state level for a minimum of one year prior to nomination are required.
2. Nomination for award may come from any source (consumer, colleague, supervisor, district nurses association, etc.) A nurse may self nominate in any category.
3. Nominee must complete nomination form, submit resume and statement of philosophy of nursing not to exceed 250 words. Nominee is responsible for providing structured reference statements from both a supervisor and a nursing peer. A general letter of commendation from one other source (e.g. client, client family, student, or colleague) may also accompany the nomination.
4. Selection will be based on responses to written materials requested.
5. Award will be given at the discretion of the selection committee only if a nominee meets the criteria for excellence in the area of specialty nursing practice. *These awards may not be presented every year.*

Deadline for Entry: August 1, 1987

Selection: To be made by the specialty nursing division, North Carolina Nurses Association.

Awards will be presented at the 1987 convention of the North Carolina Nurses Association, October 28-31, at the Adam's Mark Hotel, Charlotte, N.C.

Nomination forms available from: North Carolina Nurses Association
Post Office Box 12025
Raleigh, NC 27605

AMERICAN JOURNAL OF NURSING COMPANY
and
NORTH CAROLINA NURSES ASSOCIATION
—1987—
Award for Excellence in Writing

Purpose

This award is intended to encourage members of the North Carolina Nurses Association to write for publication.

The Award

An award of $100 and a certificate suitable for framing will be presented to the winning author.

The Rules

All members of the North Carolina Nurses Association who hold membership during 1987 are eligible, except for employees of the American Journal of Nursing Company and the North Carolina Nurses Association headquarters staff.

The writing submitted must be in prose, prepared for publication but unpublished and not exceeding 3,000 words. It must be on a nursing topic but it can be written for nurses, members of other health care disciplines or for the general public. *Particularly, participants are encouraged to write articles or reports on nursing projects, innovations in nursing practice, and data collected to improve nursing care.* A research paper, such as a master's thesis, should be rewritten from a research format to an article format to be considered. Articles with more than one author will be eligible only if all co-authors are NCNA members. Entries are to be typed, double spaced, on one side of 8½ x 11 white paper. Upon receipt of the entry at state headquarters office, it becomes the property of the North Carolina Nurses Association.

The Judges

Manuscripts shall be judged and the winning entry selected by a committee of members of the North Carolina Nurses Association to be appointed by the president, one of whom shall be the editor of the North Carolina Nurses Association's official publication.

Deadline

No special entry forms or application blanks are necessary. Entries should be sent to NCNA, P.O. Box 12025, Raleigh, N.C. 27605, postmarked not later than August 1, 1987.

NORTH CAROLINA NURSES ASSOCIATION
and
THE NATIONAL FOUNDATION—MARCH OF DIMES
announce the
1987 NURSE OF THE YEAR COMPETITION

Recognition of a registered nurse in North Carolina who has made significant contribution to maternal-child health.

Award: $500 for continuing education activities toward improvement of maternal-child health.

Entry Process:

1. Candidate must be a registered nurse in North Carolina working within the area of maternal-child health. Membership in NCNA is not required.
2. Application must be filled out by individual nurse. Sponsors may request that nurse(s) make application. Self-declared candidates are also appropriate.
3. Selection will be based on criteria stated on the reverse side of nomination/application form.
4. Two letters of recommendation must be provided by persons knowledgeable of candidate's professional MCH contribution.

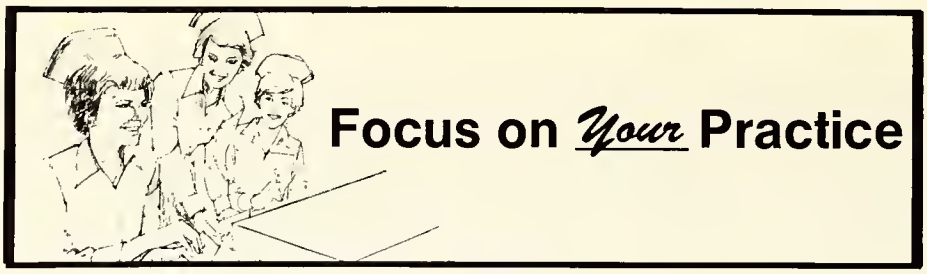
Deadline for Entry: August 1, 1987

Selection: To be made by the Maternal-Child Health Nursing Division, North Carolina Nurses Association.

Award will be presented at the 1987 convention of the North Carolina Nurses Association, October 28-31, at the Adam's Mark Hotel, Charlotte, NC.

Application Forms and Criteria Available From:

Maternal-Child Health Nursing Division
North Carolina Nurses Association
Post Office Box 12025
Raleigh, NC 27605



Mary Lou Moore, RNC, PhD,
FAAN Chair, Commission on Practice

It seems that the terms "credentialing" and "certification" enter our nursing vocabulary on an almost daily basis. For example, a few weeks ago a nursing colleague brought a mail advertisement which advertised a continuing education offering leading to "certification" as a fetal monitoring nurse. Is this a legitimate credential? A few days later I read that the pediatric nurse practitioner organization recommended that certification in their specialty be limited to nurses prepared at the masters level. The North Carolina Nurses Association passed resolutions relating to credentialing in the 1985 and 1986 House of Delegates, and an ad hoc committee has made recommendations.

Where is NCNA in relation to credentialing? Libba Wells, a member of the Commission on Practice, will chair a Credentialing Subcommittee of the Commission. This committee reports and recommends to the Commission on Practice, which in turn, reports and recommends to the Board of Directors for action. The Credentialing Subcommittee is broadly based, drawing on the expertise of members with certification in many areas of advanced nursing practice. The committee will begin by addressing three topics:

1) identifying nursing organizations which credential nurses;
2) writing to those organizations for their criteria and the process of certification; and
3) differentiating certification for advanced practice and certification for excellence.

The process of developing a credentialing service will take time and study. Be assured that it is a high priority for the Commission on Practice. We will keep you informed.

Four RN Positions to be filled in '87 Board of Nursing election

Four registered nurse positions on the North Carolina Board of Nursing will be filled during 1987 by election. All current RN licensees may vote in that election *and* have the right to submit nominating petitions to the board.

Registered nurse vacancies scheduled to occur on December 31, 1987 are: one nurse educator, one hospital nurse, one nurse employed by a physician licensed to practice medicine in North Carolina and engaged in the private practice of medicine, and one nurse employed by a skilled or intermediate care facility. The nurses currently serving in those categories and whose term will expire in December 1987 are: Frances R. Eason, nurse educator; Elaine Martin, hospital nurse; Janice S. McRorie, nurse employed by a physician; and Frances White, nurse employed by skilled or intermediate care facility. All are eligible for nomination. One LPN vacancy will also be filled in the 1987 election.

Forms for submitting a nomination petition and instructions for submitting a nomination have been sent by the Board of Nursing to every currently licensed RN and LPN. Deadline for nominations is April 1, 1987.

North Carolina is the *only* state in the nation in which Board of Nursing members are *elected by the licensees*. Yet, many nurses do not take advantage of their opportunity to have a voice in the selection of members of the Board of Nursing whose interpretations and actions affect and protect nursing practice in this state.

One way to fulfill your responsibility to your profession is to participate in the nominating process. Even more important is the responsibility to *vote* when ballots are distributed later this year.

NURSES
keep the Care
in Health Care!

1987 Legislative Session

from page 1

committee during the past two years. Russell E. Tranbarger has represented nursing as a member of the study committee. Legislative proposals are expected to be presented during the 1987 session and NCNA will continue to monitor this issue.

- ☐ **Liability insurance matters**—The Medical Malpractice Study Commission has continued to meet since adjournment of the 1986 short session. The group is expected to bring legislative proposals aimed at improving the current situation of unusually high malpractice insurance premiums. NCNA will monitor
- ☐ **Preventive health care**—The Study Committee on Preventive Medicine has met during the past two years looking at the concept of preventive health care and its impact on cost containment efforts. The committee showed some interest in the "health promotion-disease prevention" approach that has been one of nursing's hallmarks. It is expected that a bill will be introduced calling for a study of reimbursement to all providers for preventive health care services. NCNA will, of course, be watching this one closely.

☐ ☐ ☐

No doubt, other issues will emerge. Take steps now to be ready to respond to legislative issues. Stay informed by subscribing to NURSES' NOTES from the Capital (subscription form can be found in November-December *Tar Heel Nurse*). Plan now to attend the March 3 "Day at the Legislature" workshop. Be sure to make an appointment to meet with your individual House and Senate members on that date if at all possible. Call your district president and add your name to the NCNA legislative telephone tree if you're not already on it.

Prepare now to be an effective NCNA member in the 1987 legislative season.

Call for nurse exhibitors

NCNA is seeking nurses who have developed and marketed a nursing product, service, program or resource to exhibit at a workshop on "Marketing Nursing: Image, Product and Program." To be eligible to exhibit, mail the $25 exhibitor fee and a sample or description of the product, service, program or resource to Marketing Subcommittee, NCNA, P.O. Box 12025, Raleigh, NC 27605 by May 1, 1987. Those exhibitors who are selected by the committee to exhibit at the workshop will be notified by May 25, 1987.

Report of continuing education offerings approved by NCNA

DATE	CREDIT	OFFERING
12/5/86	6 c.h.	"Shared Governance in the Nursing Organization," Pitt County Memorial Hospital, Greenville(5725)
12/17/86	2 c.h.	"Prevention of Chronic Disease Through Diet; Focus on Cholesterol and Fiber," Forsyth County Health Department, Winston-Salem (5724)
12/86	21 c.h.	"Cancer Today," Highsmith-Rainey Memorial Hospital, Fayetteville (5722)
1/5/87		"Basic Critical Care Review," Annie Penn Memorial Hospital, Reidsville (5726)
1/5/87	7.5 c.h.	"Health Care in the College Environment: A Mini Series," N.C. State University Student Health Services, Raleigh (5734)
1/8/87	7 c.h.	"Avoiding Claims Denials," N.C. Association for Home Care, Raleigh (5728)
1/11/87	36 c.h.	"Adventures in Attitudes," New Beginnings, Salisbury (5723)
1/13/87	4 c.h.	"Understanding the Basics of Pacing," Forsyth Memorial Hospital, Winston Salem (5729)
1/13/87	2 c.h.	"Chemotherapy Innovations," NCNA District 20, Rocky Mount (5732)
1/15/87	4 c.h.	"Surgical Update 1987—Parts 1 and 2," Wilkes General Hospital, North Wilkesboro (5739)
1/16/87	6 c.h.	"Nursing Quality Assurance: The Search for Excellence," Pitt County Memorial Hospital, Greenville (5735)
1/19/87	15 c.h.	"Basic and Advanced Concepts of ECG Interpretation," Mercy Hospital, Charlotte (5738)
1/20/87	1.5 c.h.	"Power and Politics," NCNA District 13, Raleigh (5733)
1/23/87	4.5 c.h.	"Treatment of Cocaine Related Problems," Roanoke-Chowan Human Services Center, Ahoskie (5730)
1/27/87	49 c.h.	"Cardiovascular Module—Critical Care Course," Nash General Hospital, Rocky Mount (5737)
1/28/87		"Writing Nursing Care Guidelines," UNC Student Health Services, Chapel Hill (5736)
1/28/87	7.5 c.h.	"Tools in Identification, Intervention and Recovery of Alcoholism," Pitt County Memorial Hospital, Greenville (5731)
2/9/87	20 c.h.	"Post-Anesthetic Care Program," Veterans Administration Medical Center, Fayetteville (5719)
2/23/87	6.5 c.h.	"Hemodynamic Monitoring: The Basics," Rowan Memorial Hospital, Salisbury (5743)
3/9/87	6.5 c.h.	"Ostomy and Wound Management," Rowan Memorial Hospital, Salisbury (5744)
TBA	16.5 c.h.	"Chemotherapy Self-Instructional Packet," Wilson Memorial Hospital, Wilson (5693)

NCNA Approved Total Programs

001 Rex Hospital
003 Wesley Long Hospital
004 Greensboro AHEC
005 Fayetteville AHEC
006 Northwest AHEC
007 North Carolina Baptist Hospital
008 Mountain AHEC
009 Wake AHEC
011 Iredell Memorial Hospital
013 Sampson County Memorial Hospital
014 Wake County Medical Center
015 Randolph Hospital
016 Charlotte Memorial Hospital
017 Asheville Veterans Administration Medical Center
018 Moses H. Cone Hospital
019 Eastern AHEC
020 Cape Fear Valley Medical Center
021 Presbyterian Hospital
022 Durham County General Hospital
023 Moore Memorial Hospital
024 Wilmington AHEC
025 Salisbury Veterans Administration Medical Center
026 Charlotte AHEC

The North Carolina Nurses Association is accredited by the Eastern Regional Accrediting Committee of the American Nurses' Association as a provider and approver of continuing education for nursing. Publication of individual offerings approved by NCNA is done to meet ANA criteria for accreditation.

An individual offering is approved for a two-year period of time and may be repeated by the provider during this approval period. Only the first offering date and location are listed for each offering.

Also listed are those continuing education providers that have submitted applications and validated that their total program meets established continuing education standards. Offerings provided by this list of approved total programs award contact hours that are considered NCNA-approved credit within the ANA accreditation system.

NEWS BRIEFS

• NCNA has endorsed a program on "Nursing Administration in Long-Term Care" sponsored by Old Dominion University. North Carolina sites and dates for the Self-Assessment Inventory portion of this program are: February 4, 1987—The Evergreens, Greensboro; February 5, 1987—Hillhaven, Chapel Hill; February 6, 1987—Willis Building, Greenville; February 12, 1987—Mountain AHEC, Asheville; February 13, 1987—Methodist Home for the Aged, Charlotte. Contact one of these sites for additional information.

• "A Comprehensive Review For ANA Certification In Gerontological Nursing," a two-day workshop to be held May 11-12, 1987 at the Sheraton Crabtree Inn, Raleigh, NC. For more information call The Health and Education Council, Inc., 7201 Rossville Blvd., Baltimore MD 21237, phone (310) 686-3610.

• Beta Epsilon Chapter of Sigma Theta Tau is sponsoring the fourth annual "Five Hundred Dollar Award For Excellence In Innovative Nursing Practice" and a competition for the "Thelma Ingles Scholarly Papers Awards." These awards will be presented April 10, 1987 at Duke University School of Nursing. For more information contact Donna Hewitt at (919) 684-3786.

• AIDS Resources: *Beyond Fear*, a documentary in three parts—"The Virus," "The Individual," and "The Community," available from your local Red Cross Chapter. *U.S. Surgeon General's Report on Acquired Immune Deficiency Syndrome* available in limited quantities from ANA by calling (816) 474-5720, ext. 203.

• **New ANA Publications:**

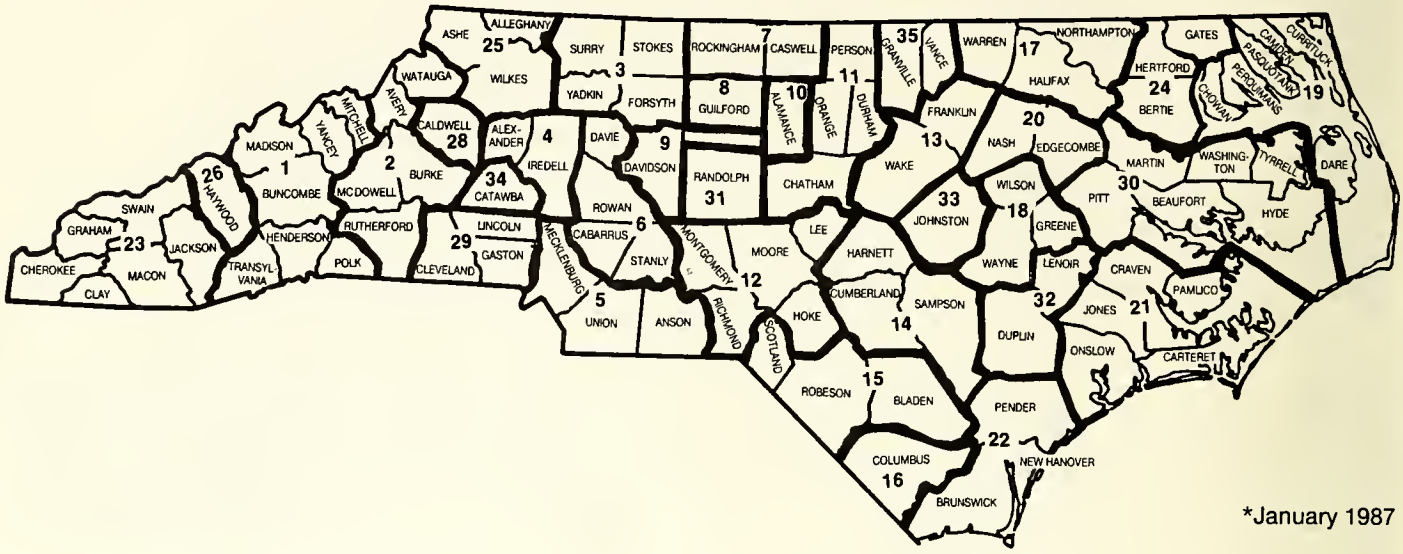
Credentialing in Nursing: Contemporary Developments and Trends (Pub. No. G-172) is a ten-monograph series by authors such as Margretta Styles, Hildegard Peplau, Lucille Joel and Barbara Nichols, available form ANA for $100.00 per set. *Enforcement of the Nursing Practice Act* available from ANA for $13.00. Call ANA to order either of these publications.

• **New AJN Resources:**

Eye Trauma, a 28 minute video on a teenager with a sports injury. *Principles and Elements of Negligence in Malpractice in Nursing*, a 40 minute video with accompanying text. *Defense Strategies and Ethical Issues in Nursing Negligence and Malpractice*, a 40 minute video with accompanying text. Call (800) 223-2282 for more information.

Pediatric Videotapes: *Caring for the Myelosuppressed Child*, and *Coping With Cancer*, a four-part series including "The Early Years" (8-9 year olds), "The Middle Years" (ages 12-14), "The High School Years," and "The Sibling Perspective" (ages 6-16).

NCNA's District Associations



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Tar Heel Nurse

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Clare LaBar assumes post as executive director

Clare LaBar

Clare LaBar assumed the position of NCNA Executive Director on April 2, 1987.

Clare is a former Senior Staff Specialist with ANA. Her areas of responsibilities included analysis and interpretation of legislative and regulatory policies affecting nursing practice. She focused her work in areas of nurse practice acts, reimbursement for nursing services, long term care legislation, and liaison and public relations with national organizations in the field of regulatory law and inter-governmental communications. She has published extensively in this field and presented numerous papers for nursing and other health care organizations.

Clare has also owned and operated her own business, Nursing Dynamics, in Atlanta, Georgia. Her background also includes responsibilities in project review for the North Georgia Health Systems Agency. Her clinical experience includes working as an assistant director of nursing at Piedmont Hospital in Atlanta. During her years in Georgia, she was an active member of the Georgia Nurses Association.

Clare's hometown in Minerva, New York, in the Adirondac Mountains of Upper New York State. She obtained her BSN from Alfred University and her Master of Science degree in nursing administration from Georgia State University. She is a member of NLN, League of Women Voters, Sigma Theta Tar, and Who's Who of American Women.

Clare's personal interests include interior decorating and collecting pink depression glass and majolica, Victorian pottery. She is active in various community and church groups, most recently serving as the leader of a women's support group in the Christian Church in Kansas City.

"I am really excited about this opportunity. I'm looking forward to meeting and working with the nurses in North Carolina." Clare exclaimed prior to arriving in Raleigh.

And welcome, Clare, to the North Carolina Nurses Association.

Nurses *and* Speakers enjoy March 3rd workshop

Keynote speaker Gloria Hope chats with former NCNA Executive Director Frances Miller during "Day at Legislature" workshop.

Michael Crowell, NCNA attorney-lobbyist, presented 'Day at Legislature" luncheon address.

Message from the President

Hettie L. Garland

Eighteen hours have been scheduled for the 1987 ANA House of Delegates from the Opening Session at 8:00 a.m. on Saturday, June 6, until expected adjournment at 12:00 p.m. on Tuesday, June 9. Eight hours of reference hearings are scheduled in addition to the Finance Forum and a Special Forum on Membership. The ANA Board of Directors agreed at the December meeting that a proposal for a dues assessment increase be prepared for the 1987 House of Delegates. Future membership, an increase in the national dues assessment, action related to the strategic plan, and elections provide a very full agenda!

On February 25, the Board of Directors, ANA Delegates, and a representative from the Council of District Presidents held a special meeting to prepare a survey response on analysis of the effects of membership options on variables of concern. Background materials and the survey tool were prepared by the ANA Board of Directors. Each SNA was asked to respond to 14 variables:

1. What will be the effects of each option on the SNA membership pool in terms of numbers and characteristics of the potential nurse population? Will the pool be larger, or smaller, more or less homogeneous, etc.?
2. How will the option impact transferability of membership between SNAs?
3. What is the projected membership penetration with each option based upon historical trends and other factors?
4. How will each model effect the ability of the SNAs and ANA to be representative of the broad array of settings in which nurses are employed?
5. How will each option affect minority representation?
6. What will be the effect upon ANA's interorganizational relationships, e.g., liaison with professional associations, other nursing organizations, LPN organizations, ICN, trade unions, etc.?
7. What will be on the association's legislative/political action?
8. What will be the effect upon nursing's efforts to achieve role differentiation between the professional and technical nurse?
9. How will each option affect unit determination for purposes of collective bargaining, and further, how will ANA and SNAs need to structure to protect the rights of those RNs and ANs they represent for collective bargaining purposes?
10. How will each option impact the organization's ability to maximize its resources?
11. How will each option affect the profession's ability to control standards of nursing ethics, practice, education, research, and economics?
12. What will be the effect of each option on the ability of professional and technical practitioners to form appropriate reference groups?
13. How will each option effect association governance?
14. What additional effect might each option have on the individual member of the SNA, the constituent states, the national association, the profession, the occupational area of nursing, and the health care system at large?

Responses to these questions were requested for the option of the professional model—RNs only; the professional/technical model with selective participation; the professional/technical model with full participation; and the mixed model—SNAs determine the membership model from the other 3 models.

In addition to response to each part of the survey, our comments included our position that determining future membership at this point is premature; that there is insufficient data to accurately assess current and future impact of the various options; and that a decision now may have a detrimental impact in the future.

Two ANA delegate meetings have been scheduled to prepare for the House of Delegates—April 22 and May 21. These meetings are open to any of you; please notify Hazel Browning if you plan to attend.

As you know, financial support for our ANA delegates has been provided through special projects—such as the Country Store at our convention—and contributions from the districts. Please carefully consider the contribution to the ANA delegate fund when it is discussed at your district meeting. It is critical that our full delegation participate in the House of Delegates. Financial support is a concrete way of indicating support from NCNA's membership.

We have two candidates on the national ballot. Gene Tranbarger is a candidate for reelection to the Cabinet of Nursing Service, and Judy Seamon is a candidate for the ANA Board of Directors. We are pleased with the contributions and leadership that N.C. nurses have provided at the national level. Campaign activities are being implemented this spring, and delegates and non-delegates who will be in Kansas City in June are preparing to support our candidates all the way!

One successful activity that we provided last year was North Carolina Night in Anaheim. This provided a special and unique opportunity for colleagues in other states to meet our candidates, to honor Frankie Miller, and to say "thanks for a job well done" to Judy Seamon as 1984-86 chair of the Constituent Forum. Financial support was provided by private contributions.

In February, our Board of Directors approved continuing North Carolina Night, including a statewide fund raising campaign to provide financial support. Again, we have a unique opportunity to support Judy and Gene and to facilitate networking with our national colleagues. I urge you to contribute to North Carolina Night in Kansas City and invite you to be one of the hosts if you are attending the House of Delegates meeting. Your support is important to all of us.

Please talk with an ANA delegate or your district's personal Board member to assist in preparing for the June meeting.

NEED:

RNs FOR SUMMER CAMPS IN WESTERN NORTH CAROLINA

Infirmary with private bedroom; salary plus room & board or swap services for child in camp.

Three sessions: June 11 - July 11; July 11 - August 8; August 8 - August 22.

Contact Nath Thompson, Camp Carolina for Boys, Brevard, NC 28712, phone 704/884-2414, or Jan Gillean, Rockbrook Camp for Girls, Brevard, NC 28712, phone 704/884-6151.

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NEWS NOTES FROM:

Primary Care Nurse Practitioner Conference Group

Joyce L. Nixon, Chairman
Primary Care Nurse Practitioner Conference Group

As a nurse practitioner, who are you? What are you about? What makes your role unique? And how can you keep it unique? And would it matter if you're known by some other title than NP, i.e., clinical nurse special-ist in primary care. These are questions being asked throughout ANA. Why are they being asked? Here's why and it behooves all of us to take notice.

We are in a period of dramatic change in the provision and financing of health care. Insurance companies and health consumers are looking for the best care at the least expensive price. Competition is fierce. NPs, also, are feeling the crunch of these changes as a surplus supply of young MDs move into the health care arena and have dropped their salaries to ranges similar to top-paid NPs. Therefore, insurance companies, HMOs, PPOs, IPOs, etc., in making decisions as to whom to employ for health care services, are logically looking toward the MD more for total *medical* care at a fair price.

So where does this leave the NP? Out in the cold? Not necessarily. As Joyce Pulcini, MSN, RNC, editor of the ANA Council of Primary Health Care NP newsletter Vol. 10, No. 1/1987 states, "Given this climate, it seems to me that if the nurse practitioner role is to survive, we must emphasize that what we do is *different* than what physicians do: the nursing or comple mentary aspect of the role, to use economic terms." I agree with Ms. Pulcini that it is, indeed, time to emphasize that difference and to be sure to also emphasize the *positive*s of that difference.

The difference, of course, is that we as NPs can use our special nursing skills and knowledge to offer the client a holistically styled health care package which also includes our medical expertise.

The health care consumer in this day is looking for ways to prevent costly health problems. He is asking for education and counseling along with hands-on health care when treatment is needed. High tech, though impressive, still needs high touch to make it the most effective. NPs can render all this and at a reasonable price.

At the same time that we're being asked to prove our cost effectiveness, our title of NP is being scrutinized to see if it would not, perhaps, be to our advantage to change our title to clinical nurse specialist in primary care. There has been much discussion in nursing circles regarding the similarity of the two roles. The clinical nurse specialist is a registered nurse who through study and supervised practice at the graduate level (master's or doctorate) has become expert in a defined area of knowledge and practice in a selected area of nursing. An NP is a registered nurse prepared through a formal, organized educational program that meets guidelines established by the profession and which allows the NP to provide a full range of primary health care services.

Presently NPs are not required to have their master's degree, however, as is the trend in all other areas of nursing, it is foreseen that the NP educational preparation will one day be at the graduate level.

We need to begin now to think about the advantages/disadvantages of title change and to be ready to accept those changes which may assist us in presenting a unified nursing image to the public while at the same time assuring them the best of health care.

VA contract signed

by Marianne Evans, R.N.

The Durham V.A. Hospital Bargaining Unit has a new contract! After 18 months of negotiation, the final contract was approved by the Unit and V.A. Central office on January 21, 1987. We have expanded the sections on safety and health issues and meal and rest periods in response to concerns of the nursing staff. Scheduling, leave, and performance review were major staff concerns, and, although these issues could not be negotiated through the contract, our nursing administration quickly responded by revising existing policy. The new policies address issues raised in our contract talks, and they continue to meet the needs of management as well.

We were ably guided by the Commission on Member Services. Betty Trought, a Commission member, served as our chief negotiator. Her considerable experience on both sides of the negotiating table and her ever-present critical analysis of the subject at hand were our greatest strength. We also had the NCNA and ANA staff close by when stuck on a technical or legal point. Our thanks to Betty, Carolyn Billings, and the NCNA staff for their support and guidance.

May 6 is National Nurses Day

"Nursing Care: the most for your health care dollar" is the theme for National Nurses Day, May 6, 1987. Nurses in North Carolina will join nurses across the country in marking this event.

Registered nurses are providing a wide range of quality health services at affordable prices to meet the demands of this changing health care system. ANA President Margretta Styles, RN, stresses that "nursing has both the knowledge and the flexibility to meet the varied health care needs of our society" and that "registered nurses could provide the safe, affordable health care desired by consumers, employers, insurers and the government if reimbursement policies and regulations would permit."

District associations have received press packets provided by ANA in addition to materials developed by NCNA for use in publicizing National Nurses Day. In addition, the Public Relations Committee of NCNA has developed a Nurses Day card which will be marketed to district associations and 10 hospitals across the state. The card bears the message "On Nurses Day...thanks for caring."

Miller authors book

Helen S. Miller, M.S.N., C.N.M., R.N., is the author of a book published in February by Wright Publishing Co., Inc., entitled, *America's First Black Professional Nurse: A Historical Perspective*. This biography of Mary Eliza Mahoney also provides an indepth study of the New England Hospital for Women and Children where she trained.

Ms. Miller has been an active member of NCNA for thirty years, and currently serves on the Human Rights Committee. She retired in 1982 after having served as chairman of the Department of Nursing at North Carolina Central University and associate professor of nursing research.

Michael McGinnis Memorial Fund Established

The University of North Carolina at Chapel Hill School of Nursing has established a memorial fund honoring an alumnus who died January 8, 1987 in the crash of East Care's emergency air ambulance helicopter. Michael McGinnis, a 1981 graduate of UNC School of Nursing, was chief flight nurse for East Care, a service of Pitt County Memorial Hospital.

Gifts to the fund may be sent payable to the Carolina Fund, P.O. Box 309, Chapel Hill, N.C. 27514-9990, designated for the Michael McGinnis Memorial Fund, School of Nursing.

Steering Committee

The Steering Committee--what does it steer and where is it going? This column, to become a regular feature in the *Tar Heel Nurse*, will be answering those questions as work progresses on the entry into practice issue.

The Board of Directors appointed the Steering Committee in late Spring, 1986 to coordinate implementation of the priority adopted by the NCNA 1985 House of Delegates: Bring together concerned groups of both nurses and non-nurses to develop an action plan for implementing two levels of entry into nursing practice. This committee is composed of fifteen nurses and reports to the Board of Directors. The chair and vice-chair of the North Carolina Board of Nursing serve as consultants (See September/October 1986 *Tar Heel Nurse*). It has met five times to date.

The first meetings of the Steering Committee were used to collect and share data, discuss process issues, identify relevant external groups, and brainstorm general strategies/activities to be undertaken in order to achieve the goal. With a variety of "housekeeping" kinds of tasks behind them, the Steering Committee is now on the road to developing the North Carolina action plan.

The Steering Committee has developed a tentative plan for completing its charge. Several task forces of the Steering Committee are being formed to collect data and obtain feedback from a wide variety of individuals/groups relative to how best to accomplish the charge of the Board of Directors in North Carolina.

The task forces will be one of several mechanisms by which nurses and non-nurses will participate in the process of developing an action plan. The members of the task forces will represent a variety of practice settings, educational programs, nursing organizations, and other groups and organizations interested in nursing and health care.

The task forces, thus far, are nursing constituency, external constituency, state educational needs, scope of practice, legislative/political strategies, and cost analysis and fund-raising. At the March meeting of NCNA's Board of Directors, the charges to the task forces and initial membership were approved.

The Steering Committee will proceed in organizing the task forces and will continue to coordinate the project. This column will become a regular feature of the *Tar Heel Nurse* as a mechanism of keeping you informed on the activities and progress of this important committee.

Two NCNA members on ballot for major ANA offices in '87

Two NCNA members are candidates for major office in ANA elections to be held at the June House of Delegates sessions in Kansas City.

Judith B. Seamon, NCNA president in the 1983-85 biennium and president of ANA's Constituent Forum in 1984-86, is a self-declared candidate for ANA Board of Directors.

Russell Eugene Tranbarger, currently a member of ANA's Cabinet on Nursing Services, is a candidate for reelection to the Cabinet.

To help Seamon and Tranbarger finance their campaigns, persons may send contributions to their campaign chairmen. For Ms. Seamon, send contributions to: Frances N. Miller, 1316 Glen Eden Drive, Raleigh, N.C. 27612. For Mr. Tranbarger, send contributions to: Sheila P. Englebardt, 818 Walker Avenue, Greensboro, N.C. 27403.

NCNA and district association funds may not be used to support candidates for ANA and NCNA office.

Ruth Payne Council

Ruth Payne Council of High Point died at 5:10 p.m. on Thursday, January 8, 1987. Miss Council served as president of NCNA from 1935 to 1937. She was the oldest member of NCNA District Nine.

Miss Council grew up in High Point. She attended Meredith College in Raleigh and was a graduate of Grace Hospital School of Nursing in Richmond, VA. She also attended Columbia University and the University of Pennsylvania where she received a certificate in public health nursing.

Call For Psychiatric Liaison Nurses

Psychiatric liaison nursing is a relatively new subspecialty of psychiatric/mental health nursing. At the 1986 ANA Convention, the Council on Psychiatric/Mental Health Nursing agreed that a task force was necessary to develop a Scope of Practice Statement and Guidelines for Practice pertaining to psychiatric liaison nursing. Peggy Dunlany, RN, MSN, of South Carolina agreed to chair this task force, and Jane Bryant, RN, MSN, is the coordinator of the Southeast region which includes South Carolina, North Carolina, Virginia, Georgia, Florida, and Alabama. Jane has designated Josepha Campinha, PhD, RN, CS, to be the North Carolina State Coordinator for the psychiatric liaison nursing task force.

As N.C.'s state coordinator, Josie is interested in obtaining a list of psychiatric/mental health nurses functioning in the role of consultation/liaison nursing. If you are func-tioning in this role, please send the following information to Josepha Campinha at NCNA:

1. Name
2. Address
3. Telephone numbers (home/work)
4. Current position/title
5. A copy of your job description, or a statement which describes your role.
6. Educational preparation
7. Suggestions, ideas, comments regarding what content should be included in the Scope of Practice Statement and Guidelines for Practice pertaining to Consultation/Liaison Nursing.
8. If possible, a current copy of your resume.

Josie will be presenting at the 1st National Psychiatric Liaison Nursing Conference on April 23-25, 1987, and will be conferring with other state coordinators as to their progress. The proposal and the ANA Guidelines for Private Practice of psychiatric/mental health nursing will be used as "baseline" documents so that we can be uniform. For example, we will use the same headings in the Guidelines for Private Practice and adapt the body for psychiatric liaison nursing.

Nurses may request information on the 1st National Psychiatric Liaison Conference in Chicago; a short bibliography of articles on psychiatric liaison nursing; a list of psychiatric liaison nurses in N.C.; or the proposal for Standards of Psychiatric Liaison Nursing by calling Josie Campinha at work (919) 332-8121 or home (919) 332-8656.

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AIR FORCE

1987 Budget

The 1987 line and program budgets summarized below were developed by the Finance Committee and approved by the Board of Directors in February. The line item budget is projected on a membership base of 3,000 members. Other income projections are based on previous experience and on data provided by structural units, (e.g., workshop income figures).

Program allocations were based on budget requests submitted by each structural unit. Each program is followed by parentheses ( ) which indicate the structural units covered by the program.

ANTICIPATED INCOME			
Income from Membership			$201,000
Other Income			
Tar Heel Nurse Advertising/Subscriptions		5,000	
Legislative Bulletin		2,000	
NCNA Convention		46,000	
Workshops/Conferences		29,600	
C. E. Approval Fees		14,000	
Rent		17,000	
Interest		5,400	
Sale of Membership List/Royalty/ Administrative Fees		2,800	
Nursing Update		1,500	
Merchandise Marketing		1,000	
Miscellaneous		1,000	
Total Other Income			125,300
TOTAL ANTICIPATED OPERATING INCOME			$326,300
PROJECTED EXPENDITURES			
Bonding/Insurance		$ 2,815	
Special Business Services Auditing/Legal		13,000	
Office Supplies/Printing/Duplicating		15,800	
Telephone/Postage		11,250	
Subscriptions/Publications/Binding		150	
Equipment Maintenance/Agreements		5,000	
Business Taxes		350	
Housing/Property Maintenance		40,433	
Personnel Costs		126,252	
NCNA Convention		30,000	
ANA Convention Expenses		400	
TAR HEEL NURSE		20,200	
Workshops		24,600	
Merchandise Costs for Resale		800	
Travel		10,000	
Escrow			
C. E. Accreditation	600		
Glass Insurance	250		
Equipment Replacement	2,000		
		2,850	
Staff Development		2,000	
Organizational Dues/Reg. Fees/Contributions		700	
Transfer to Building Conservation Fund		2,000	
Transfer to Reserve Fund		10,000	
Miscellaneous		1,000	
Contingency Fund		4,900	
TOTAL BUDGETED			$326,300

PROGRAM ALLOCATIONS	
Constituent Services (Council of District Presidents)	$ 3,171
Professional and Economic Development (Commission on Member Services, PAP, Human Rights Committee)	13,124
Education (Commission on Education, Educational Forums, C.E. Approval Unit, C.E. Provider Unit)	21,393
Governance (Committee on Bylaws, Committee on Resolutions, Committee on Finance, Committee on Nominations, NCNA Board of Directors and Executive Committee, House of Delegates)	34,892
Practice (Commission on Practice, Divisions, Sections, Conference Groups, Joint Practice Committee)	41,149
Marketing (Committee on Membership, Public Relations Committee, Convention Program Committee)	41,683
Government and Health Policy (Commission on Health Affairs, Federation of Nursing Organizations, Nurse PAC, Legislative Committee)	52,739

Education loans available

by Debra A. Redden, Ph.D.
Executive Secretary,
Board for Need-based Student Loans

In a year in which financing post-secondary education will become increasingly challenging, ask yourself the following questions: How can I afford to attend any accredited school in this country, receive loans ranging from $2,500 to $7,500 annually, and avoid repaying these loans in cash? If a positive response to these questions appeals to you and your plans are to major in selected health science, or math disciplines—pay attention!

Primary care health physicians, dentists, optometrists and Ph.D. candidates in science and math education may be eligible for loans of $7,500 annually for four years. Students pursuing an education degree at the master's level and majoring in science, math, or nursing can receive up to $5,000 for two years. Third, fourth, and fifth year undergraduate students majoring in nursing, physical and occupational and/or physical therapy, math or science education, or pharmacy, are eligible for $4,000 annually for two years. Nursing and electrical engineering majors at two-year postsecondary schools can receive up to $2,500 for obtaining associate degrees for two years. Loans are not awarded for certificate programs for licensed practical nurse.

Instead of cash repayment, successful loan recipients may cancel their loans by working full-time one year for each year that a loan was received. Approved employment in a health shortage area, state facility, or school system will enable loan recipients to cancel all principal loan amounts and accrued interest.

The following eligibility criteria apply: North Carolina residency; unconditional acceptance or promotion into a selected health, science, or math discipline; approved cosigners; full-time enrollment; and compliance with the program's financial need criteria.

Application packages and brochures are available from the financial aid offices of many postsecondary schools across the state. Interested persons may also write to Health, Science, and Math Loans, 116 West Jones, Raleigh, N.C. 27611 for information or an application. Although the application deadline is May 1, students are encouraged to submit all application materials as soon as possible.

Copies of articles from this publication are now available from the UMI Article Clearinghouse.
Mail to: University Microfilms International
300 North Zeeb Road, Box 91 Ann Arbor, MI 48106

Focus on *Your* Practice

What are the legal foundations of our nursing practice? Each of us is aware of the North Carolina Nursing Practice Act, and probably also of the rules and regulations of the Board of Nursing. Our input to these legal standards is through lobbying actions in the General Assembly and testimony before the Board of Nursing.

There is, however, another source of law and/or legal precedent which governs our nursing practice, i.e., case law. When the actions of a nurse are part of a legal action (such as a malpractice case), the outcome of that case, decided by a judge and/or jury will affect our practice. While this may seem like a recent phenomenon (and certainly the number of cases has increased in recent years), case law decisions which have had major significance for subsequent nursing practice date at least to 1927, when a nurse (Somera) in the Phillipine Islands was found guilty of manslaughter for following the incorrect order of a physician.[1]

Can we influence case law? Yes; our legal system provides access to us as interested parties to legal issues affecting nursing. We can file an amicus brief, i.e., an issue of concern. Or we may join with other groups as co-plaintiffs or co-defendants in a case. For example, NCNA and the NCLPNA joined with the North Carolina Board of Nursing as co-defendants in a lawsuit brought by Duke University against the Board of Nursing in 1981. The issue, felt to be of great importance to each of our practices, was the authority of the Board of Nursing to decide which patient care functions can be performed safely only by licensed persons.

A third option is the initiation of a lawsuit in a case which has substantial implications for the nursing profession.

The ability to influence case law when signficant nursing issues are involved is as crucial as the support of a good nursing practice act. Litigation, however, is expensive. The preparation of an amicus brief can easily cost $3,000 to $4,000. More extensive efforts would obviously be far more costly. Yet there may arise issues so important to each of us in our practice that NCNA cannot ignore them.

The NCNA Legal Fund was developed to provide funds for such issues as they arise. Just as we contribute our money to promote our message about legal standards that are developed through legislative channels, we need to have resources to promote our message about legal standards that develop through case law.

The responsibility for raising monies for the Legal Fund has been assigned to the Commission on Practice. Any decision about disbursement of funds will be made by the Board of Directors following specific guidelines approved for the administration of the Legal Fund.

We invite your contributions.

[1]Winslow, G., *From Loyalty to Advocacy: A New Metaphor for Nursing.* The Hastings Center Report, June 1984.

Yes, I would like to participate in decisions about the future of nursing practice as decided in case law by contributing to the Legal Fund of the North Carolina Nurses Association.

Amount of Contribution: _____

Signed: _____

Return form and check made payable to NCNA, P.O. Box 12025, Raleigh, N.C. 27605.

Call for nurse exhibitors

NCNA is seeking nurses who have developed and marketed a nursing product, service, program or resource to exhibit at a workshop on "Marketing Nursing: Image, Product and Program." To be eligible to exhibit, mail the $25 exhibitor fee and a sample or description of the product, service, program or resource to Marketing Subcommittee, NCNA, P.O. Box 12025, Raleigh, NC 27605 by May 1, 1987. Those exhibitors who are selected by the committee to exhibit at the workshop will be notified by May 25, 1987.

NCNA cosponsors Wellness Institute

NCNA will again be a cosponsor for the Wellness Institute sponsored by Wake AHEC. The Institute will be held May 12-15, 1987 at the Mission Valley Inn Expo Center in Raleigh. The Public Relations Committee of NCNA will coordinate the professional resource center which will feature exhibits of non-profit, professional groups like NCNA and poster displays by graduate students in nursing. The resource center will also provide a place for small groups to network on topics of mutual interest.

The Wellness Institute will feature five pre-conference programs on Tuesday, May 12 and over 80 lectures on a variety of health promotion and wellness issues including such topics as "The Myth of Non-Motivation," "Health Aging," "Burn Prevention: Teach the Children," and "Promoting Fitness through Churches: A New Healing Role for Black Churches." Call Jacqueline Rollins at Wake AHEC (919) 755-8018 for more information.

Nominating Committee begins slate preparation

The NCNA Nominating Committee is in the process of putting together the ballot for election of officers for the 1987-89 biennium. They would especially like to encourage qualified minority members who are interested in becoming more actively involved at the state level to submit their names for consideration.

The offices to be filled in the October 1987 election at the NCNA convention are: President-Elect, Vice-President, Secretary, Treasurer, Nominating Committee, ANA Delegates and a Chairman for each of the seven Cabinets: Constituent Associations, Education and Resource Development, Government and Health Policy, Marketing, Practice, Professional and Economic Development and Research.

Capital Update Available by Subscription

Capital Update is a legislative newsletter issued by ANA's Washington office. It is published 24 times each year and provides valuable information on national legislative issues of impor tance to the nursing profession. Each issue reports on ANA's activities as the voice of nursing in the nation's capital and presents new developments on such concerns.

Subscriptions are available to council affiliates at $25, SNA members at $50 and $75 to nonmembers. Plan now to benefit from ANA's careful interpretation and analysis of federal activity affecting nurses - subscribe to *Capital Update.* Subscription order forms are available from the ANA Washington Office (202) 789-1800.

NEWS BRIEFS

Duke University Medical Center is seeking families with more than one member with tuberous sclerosis (TS) for a study of this disease. If you are a part of or know of such a family contact Dr. Kandt at (919) 684-3219.

The American Academy of Nursing's 1986 media awards were presented to: "The High Cost of Intensive Caring", a feature on CBS Sunday Morning with Charles Kuralt; "Pediatric Nursing: A Profession in Transition", a film produced by The Children's Hospital, Denver; and "To Your Health", a half-hour series aired four times each week in Wisconsin, produc ed by Cathy Meade, MS, RN.

• **Research Grants:** The American Nurses' Foundation and Sigma Theta Tau International are accepting applications for a $6,000 research grant to be funded October 1, 1987 - September 30, 1988. The proposal must be on a clinically-oriented topic and the deadline for submitting applications is June 1, 1987. For more information contact ANF, 2420 Pershing Road, Kansas City, MO 64108, or call (816) 474-5720.

The American Nurses' Foundation is accepting applications for its 1987 Competitive Extramural Grants Program. Fifteen grants of no more than $2,700 each will be awarded to begin ning nurse researchers or experienced nurse researchers entering a new field. Deadline for submission is June 1, 1987. For information contact ANF, 2420 Pershing Road, Kansas City, MO 64108, or call (816) 474-5720.

Nurse Practitioner Associates for Continuing Education (NPACE) has established a fund to support individual research by nurse practitioners. To obtain an application write: NPACE, 67 Leonard Street, Belmont, MA 02178. Deadline for receipt of applications is September 15, 1987.

• **Call for Abstracts:** The American Association of Neuroscience Nurses is seeking abstracts on trauma, cerebrovascular disease, neurosurgery rehabilitation, critical care, neuroimmunology, organ transplantation and memory for presentation at their October 1987 meeting. Deadline is May 29, 1987. For information call (312) 993-0043.

The University of North Carolina at Chapel Hill School of Nursing is seeking submissions for formal papers and poster sessions to be presented at the eighth Biennial Eastern Research Conference to be held April, 1988. Deadline is July 15, 1987. For information call Dr. Margery Duffey at (919) 966-4296 or 966-3638.

The Third International Intensive Care Nursing Conference to be held August 1988 in Montreal, Canada is seeking research abstracts on any aspect of intensive care nursing for presentation at this meeting. Deadline is August 1, 1987. For information call (714) 644-9310.

The American Academy of Nursing is seeking abstracts for presentations at its nursing practice symposium January 28-30, 1988 in Atlanta, Georgia. The symposium, "Leadership Through Practice: The Cutting Edge" will provide a forum for nurses to describe the contemporary and future environment for practice, to disseminate knowledge from the evaluation of clinical practice and to determine strategies to support practice. Deadline for submission is May 1, 1987. To obtain a "presentation application form", contact AAN, 2420 Pershing Road, Kansas City, MO 64108, or call (816) 474-5720.

• **Conferences/Symposiums:** The University of Pennsylvania is offering the following conferences: April 20, 1987—"How to Organize and Maintain Support Groups;" May 4-6, 1987—"Training Program in the Assessment and Treatment of the Sexually Exploited Child;" May 9, 1987—"Politics in Health Care: Impact on Black Americans in the 90's;" May 22, 1987—"Legal Aspects of Instruction;" June 2, 1987—"When Hospital Care Becomes Home Care: Helping Families Cope with Children." For information call Rita Nemchik at (215) 898-4522.

The Health and Education Council, Inc. is sponsoring a one and one-half day conference, "Home Health Nursing '87: Current Strategies and Challenges" in Baltimore, Maryland on April 23-24, 1987. For information call the council at (301) 686-3610.

The Eighth Annual Nursing Management Congress entitled "Healthtrends '87 - Strategic Planning for the 80s" will be held April 27-29, 1987 at the New York Hilton in New York City. To register call (800) 243-3238, ext. 232.

"Quality: A Step Beyond" is the theme for the 14th annual National Teaching Institute of the American Association of Critical Care Nurses to be held in New Orleans, May 4-7. For information contact Ellen French at (714) 644-9310.

"Nurses in Business" is the title of a two and one-half day conference sponsored by Emory University, June 6-8 at Amelia Island Plantation, Florida. For information call (404) 727-7961 or 727-7965.

The Twelfth Annual Congress of the Oncology Nursing Society will be held May 6-9, 1987 in Denver Colorado. The theme is "Reaching New Heights." For more information contact: Oncology Nursing Society, 3111 Banksville Road, Suite 200, Pittsburgh, PA 15216-2720.

The Western Network Institute for Nurse Executives will be held May 31 - June 6, *(continued on page 19)*

NURSING CARE:
The Most for Your Health Care Dollar.

Americans today spend 12 times more for health care than we did in 1965. To curb health care spending, our nation is looking for new ways to get the care we need at prices we can afford.

Registered nurses are on your side. We're rising to meet the changes in today's health care by continuing to provide cost-effective, quality nursing services.

We're tired of the rising cost of health care, too. The American Nurses' Association and its state nurses' associations are out to make sure you get the most for your health care dollar.

This message is brought to you by the American Nurses' Association and its constituent, the North Carolina Nurses Associatinn

Recognize registered nurses, your health care advocates, on NATIONAL NURSES' DAY.

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

DATE/HOUR	EVENT
April 17	Holiday, Office Closed
April 20	Holiday, Office Closed
April 21, 9:30 a.m.	Subcommittee, Nurse PAC
April 21, 11:00 a.m.	Nurse PAC Committee
April 22, 9:30 a.m.	ANA Delegates
April 23, 9:30 a.m.	Steering Committee
April 23, 10:00 a.m.	Subcommittee on Credentialing
April 23, 1:30 p.m.	Joint Practice Committee, NC Medical Society Building
April 24, 10:00 a.m.	Gero Executive Committee
April 24, 10:00 a.m.	Peer Assistance Program Committee
April 24 & 25	Nursing Management Section "Spring Fling"
April 27, 10: a.m.	Commission on Health Affairs
April 27, 6:30 p.m.	Membership Committee
April 27, 10:30 a.m.	Medical-Surgical Division Executive Committee
April 28, 10:00 a.m.	Membership Committee Workshop
April 28, 10:00 a.m.	Committee on Legislation, 3109-D Aileen Drive, Raleigh, NC
April 29, 10:00 a.m.	Commission on Education
May 1, 9:00 a.m.	Board of Directors
May 4, 10:00 a.m.	Continuing Education Approval Unit
May 5, 10:00 a.m.	Commission on Member Services
May 6	NURSES DAY
May 6, 8:30 a.m.	Community Health Division Executive Committee
May 7, 9:00 a.m.	Commission on Practice
May 7, 3:00 p.m.	Psych-Mental Health Division Meeting
May 8, 9:30 a.m.	Steering Committee
May 11, 10:00 a.m.	Commission on Education
May 14-16	Primary Care Nurse Practioner Conference Group Spring Symposium, Summer Winds, Salter Path, NC
May 15, 10:00 a.m.	Continuing Education Provider Unit
May 15, 10:00 a.m.	Commission on Health Affairs
May 18, 10:00 a.m.	Maternal Child Health Division Executive Committee
May 18, 2:30 p.m.	Marketing Workshop Subcommittee
May 19, 10:00 a.m.	Convention Program Committee
May 21, 9:30 a.m.	ANA Delegates
May 23, 9:30 a.m.	Conference Group of PMH Nurse Specialists
May 25	Holiday. Office Closed
May 26, 10:00 a.m.	Committee on Legislation
May 29, 10:00 a.m.	Peer Assistance Program Committee
May 29, 10:00 a.m.	Continuing Education Approval Unit
June 3, 10:00 a.m.	Commission on Member Services
June 6-9	ANA House of Delegates
June 16, 10:00 a.m.	Convention Program Committee
June 19, 10:00 a.m.	Peer Assistance Program Committee
June 19, 10:00 a.m.	Continuing Education Approval Unit
June 22	Council of District Presidents Leadership Orientation Day
June 24, 10:00 a.m.	Subcommittee on Credentialing
June 24, 10:00 a.m.	Commission on Health Affairs
June 26, 9:00 a.m.	Board of Directors
June 30, 10:00 a.m.	Committee on Legislation
July 9	Marketing Workshop, Airport Hilton, Greensboro
July 10, 10:00 a.m.	Committee on Legislation
July 13, 10:00 a.m.	Continuing Education Provider Unit
July 24, 1:30 p.m.	Conference Group of Specialists in Psych-Mental Health
July 30, 9:00 a.m.	Commission on Practice
July 30, 3:00 p.m.	Psych-Mental Health Division Executive Committee
July 31, 10:00 a.m.	Commission on Education
October 28-31	1987 NCNA Convention, Adam's Mark Hotel, Charlotte, NC

Think Membership

NC Night planned for '87 ANA Convention

NCNA will again sponsor a "North Carolina Night" during the 1987 ANA House of Delegates to honor our candidates for national offices and help promote their campaigns. We will have two candidates on the ballot for ANA office: Judith B. Seamon for Board of Directors and Russell Eugene Tranbarger for the Cabinet on Nursing Services.

NCNA's first "North Carolina Night" was held at the convention in Anaheim last June and was a rousing success. Please help make this year's event even better by using the form below to make contributions to North Carolina Night. NCNA may not use membership monies to pay for this event.

North Carolina Night Contribution

Name: _____

Address: _____

Amount Enclosed: _____

ANA delegates prepare for '87 convention

NCNA's delegates to the ANA House of Delegates will meet April 22 and May 21 at NCNA Headquarters to discuss the issues to come before the House of Delegates and the slate of candidates for office.

The ANA House of Delegates will be held in Kansas City, June 6-9. Two issues that will definitely be on the agenda are the future membership of ANA and a proposed dues increase.

The future membership issue was determined to be so important that the Board of Directors of NCNA held a special called meeting on February 25 to discuss and respond to an ANA questionnaire on this topic. All district presidents and ANA delegates were invited to attend that session.

These delegates will be representing the views of the NCNA membership and would appreciate your support through contributions to NCNA's delegate fund.

NCNA's delegates are: Hettie Garland, Judith Seamon, Edward "Mac" Stroupe, Johnea Kelley, Russell "Gene" Tranbarger, Sheila Englebardt, Sandra Randleman, Davy Crockett, Sarah Brown, and Vida Kay Jackson.

BEFORE YOU MOVE ...

... please let us know! To be sure you don't miss copies of TAR HEEL NURSE, send change of address to NCNA, P. O. Box 12025, Raleigh, NC 27605.

1987 General Assembly session in full swing

The 137th General Assembly of North Carolina convened in Raleigh on February 9. This session brings a few new faces to the legislative scene. Six members of the Senate and 22 members of the House of Representatives will be serving their first term. Both chambers will continue to be controlled by the Democrats who outnum ber Republicans by 40 to 10 in the Senate and 84 to 36 in the House.

Both chambers have elected officers. In the House, Liston Ramsey was reelected as Speaker and John J. Hunt as Speaker Pro Tempore. The Senate reelected J. J. "Monk" Harrington to the office of President Pro Tempore.

It has not taken long for the session to get off the ground. As of this writing, more than 360 bills have been introduced in the two chambers. Details on some of these legislative issues appear below. Due to space limitations all bills of interest cannot be chronicled. Therefore, a Legislative Docket is provided in this issue identifying pertinent information on bills of interest to nurses.

■ Acquired Immune Deficiency Syndrome (AIDS) is surfacing as a legislative issue in North Carolina. Three bills concerning this health problem have been introduced to date and there is reason to suspect that others will surface in the coming weeks. House Bill (HB) 61 was introduced on February 19 by Representative Bill Boyd. HB63 was introduced on the same date by Representative Al Lineberry. Both bills would require a health certificate for issuance of a marriage license verifying that testing reveals no evidence of AIDS. Both bills were assigned to the House Health Committee.

HB72, to authorize the Legislative Research Commission to study the impact of AIDS on public health and health care in N.C., was introduced by Representative Walter Jones on February 20. Issues to be addressed include the following: 1) need for legislation requiring testing of donated blood or body parts, and requiring mandatory AIDS testing for particular subgroups of populations; 2) adequacy of quarantine statute in relation to AIDS; 3) adequacy of AIDS identification and control in state prison population; 4) adequacy of reporting requirements; and 5) need for funding of public information programs. The bill authorizes a report to the 1989 General Assembly. It was considered initially by the House Health Committee and has since been referred to the Committee on Appropriations.

■ HB143 and SB95 are identical bills introduced on March 4 by Representative Jeff Enloe and Senator Bill Martin, respectively. This proposed legislation is one of the recommendations from the 1985-87 Study Committee on Preventative Medicine. The bill will require the Department of Human Resources to establish and administer a program to identify risk factors associated with leading causes of death and disability and to promote public awareness of those risk factors. The department would develop community-based health promotion and disease prevention services through contracts with local health departments and other public and private organizations. Evaluative reports on effectiveness of these programs would be submitted to the General Assembly annually. This legislation calls for an appropriation of $3,284,000 for fiscal 1987-88 and $4,453,000 for fiscal 1988-89 to the Department of Human Resources. One million dollars of that amount would be used for competitive grants.

HB143 was assigned to the House Health Committee and SB95 to the Senate Human Resources Committee. In all likelihood, the bills will be considered in committee during the week of March 16. If the bills receive favorable reports in those commit tee meetings, they will be referred to the Joint Appropriations Committee where, it is hoped, they will be favorably considered at a later date and incorporated into the final appropriations bill. Please contact both House and Senate members seeking their support of this legislation.

■ SB56, introduced by Senator Wanda Hunt, calls for establishment of the N.C. Alzheimer's Disease and Related Disorders Study Commission. Commission duties are to include conduct of public hearings to identify problems associated with Alzheimer's disease, collection and analy sis of data on incidence and geographic distribution of disorder, identification of resources and gaps in services and recommendations for comprehensive service delivery system.

(continued on next page)

Role play sessions were a highlight of the March 3 workshop. Pictured top to bottom are the "actors": Gale Touger lobbying Judy Seamon, Jo Franklin and Representative "B" Holt (D-Alamance), and Frances Miller lobbying Michael Crowell.

(continued from page 11)
The bill was assigned to the Senate Committee on Rules.

■ It is becoming clear that a bill will be introduced during this legislative session calling for repeal of the seat belt bill approved in the 1985 session of the General Assembly. Although there is no bill *to date*, legislators are receiving numerous calls and letters from those who support repeal.

Rep. Bill Boyd (R-Randolph) listens as Yvonne Chilcoat makes her point during afternoon session.

NCNA is part of a coalition designed to ward off repeal efforts. All groups in the coalition are requesting that their members write *now* to *all members* of the General Assembly voicing support of the current seat belt law and encouraging the legislators to help retain that law.

Please call or write to your legislators as *soon as possible* about this important issue. A list of all members of the 1987-1988 General Assembly is included in the January-February *Tar Heel Nurse*. Any legislator can be reached by calling (919) 733-4111 or by sending a personal letter to the individual at the address below:

The Honorable _____
N.C. House of Representatives (or Senate)
State Legislative Building
Raleigh, N.C. 27611

NCNA needs to be an effective participant in this coalition. Our effectiveness is dependent upon your response.

Legislative Docket
(Bills of interest to nurses)

Bill Number	Bill Sponsor	Bill Title	First Committee Assignment
House Bills			
HB61	Boyd	AIDS marital partner protection	Health
HB63	Lineberry	Marital blood test for AIDS	Health
HB71	Hightower	Review proposed licensing boards	State Gov't
HB72	Jones	AIDS study	Health
HB101	Rhyne	Seat belt contributory negligence	Courts
HB110	Cromer	Seat belt inspection	Highway Safety
HB117	Bowman	Continuing care disclosure	Aging
HB143	Enloe	Health promotion program	Health
HB156	Edwards	LRC aging study	Aging
HB157	Windley	State abortion funds banned	Appropriations
HB170	Gist	Small hospital CON exemption	Human Resources
HB172	Rhodes	Anatomical gift request	Health
HB181	Holt	Hospice sunset repeal	Judiciary 3
HB185	Diamont	Helicopter ambulance safety	Judiciary 1
Senate Bills			
SB54	W. Hunt	LRC Aging study	Rules
SB56	W. Hunt	Alzheimer's disease study	Rules
SB57	W. Hunt	Senior games funds	Appropriations
SB73	Rand	Health systems agencies funds	Appropriations
SB78	Speed	Continuing care disclosure	Human Resources
SB95	W. Martin	Health promotion program	Human Resources
SB112	R. Hunt	Second primaries abolished	Elections
SB129	Walker	Pioneer testing funds (mental health, mental retardation and substance abuse authorities)	Human Resources

An individual can request a single copy of any bill by calling (919) 733-5648. A Bill Status Desk is in operation during the 1987 session. By calling (919) 733-7779, writing, or visiting this desk, anyone may obtain information on the current status and legislative history of any bill introduced. The desk is located in room 2226 (Legislative Library) of the State Legislative Building. The service is available 9:00 a.m. - 5:30 p.m. on weekdays and 7:00 p.m. - 9:00 p.m. on Monday evenings.

Legislators and nurses enjoyed a reception from 5:30 to 7:30 p.m. on March 3. Top: Mary Ann Felts chats with Rep. Charles Buchanan (R-Mitchell) and Rep. Paul Tyndall (D-Onslow). Center: Annie Hayes and Rep. Richard Wright (D-Columbus) talk seriously. Bottom: Rep. Alex Hall (D-New Hanover) and Rep. David Redwine (D-Brunswick) were greeted at reception by Saundra Shay and Julie Wettlaufer-Stafford.

What NCNA Has Done For You and Nursing in 1986

In Services to Members

- *Published and distributed six issues of the Tar Heel Nurse*, a newsletter on nursing news in North Carolina.
- Provided consultation to individual nurses and groups of nurses in relation to practice and employment problems.
- Conducted an annual convention attended by more than 400 nurses on the business of nursing is caring—for patients, other nurses, and the profession as a whole.
- Developed a "Speakers Bureau" to serve as a resource for nurses and others about NCNA's activities, goals, and health care concerns.
- Distributed to employment settings copies of "Minimum Employment Standards for Registered Nurses," a document revised by the NCNA Commission on Member Services.
- Developed "Guidelines for the Registered Nurse in Giving, Accepting, or Rejecting a Work Assignment" and distributed it to 1100 administrators in health care settings, and provided a copy to each member through publication in the *Tar Heel Nurse*.
- Offered professional liability insurance at low group rates as a membership benefit.
- Offered a discount on the *American Journal of Nursing* as a membership benefit.
- Offered a memberloan program as a membership benefit.
- Offered a discount car purchase plan as a membership benefit.
- Offered the opportunity to enroll in a group prepaid legal services plan as a membership benefit.
- Offered a free $1,000 Accidental Death and Dismemberment insurance policy as a membership benefit.
- Sponsored with the American Journal of Nursing Company a statewide competition for selection of the recipient of an award for Excellence in Writing.
- Provided support for the RN Bargaining Unit at Durham VA Medical Center in contract renewal negotiations.
- Developed a packet of materials to be sent to all new members.
- Conducted an open forum on nursing staffing issues in secondary and tertiary care settings.
- Expanded membership in the nurse administrators section to include all nurses with responsibility for managing or supervising the practice of other RNs.

In Strengthening the Organizational Voice of Nursing

- Provided representation and meeting facilities for the North Carolina Federation of Nursing Organizations.
- Provided speakers on the role of the professional association for schools of nursing and inservice education departments.
- Provided advisors to the North Carolina Association of Nursing Students, meeting facilities for its executive board, and an exhibit at the NCANS convention.
- Conducted three meetings of the Council of District Presidents to update district leadership on major projects and priorities.
- Provided representation at meetings of the ANA Constituent Forum.
- Provided representation at meetings of the executive directors of state nurses associations in the Southeast region.
- Provided representation for nursing on the North Carolina Joint Practice Committee, Medical Care Commission, State School Health Advisory Committee, State Advisory Committee on Occupational Health, N.C. Medical Society Committee for Liaison with Health Care Professionals, Coalition on Sexually Transmitted Diseases, N.C. Board for Need-Based Student Loans, Coalition for Chronic Mental Patients, Coalition on Early Adolescent Pregnancies, N.C. Heart Association Health Site Subcommittee, N.C. Research Action Network, N.C. Health Care Excess Liability Fund, COPE Committee of the N.C. Association of Public Health Nurse Administrators, Health Care Committee of N.C. Citizens for Business and Industry, and others.
- Recommended qualified North Carolina nurses for appointment to a variety of ANA committees.
- Conducted a leadership orientation for officers and committees of district associations.
- Through a "Personal Board Member" project, sought to strengthen relationships with district associations by close communication between individual Board of Directors members and geographic groupings of districts.
- Demonstrated support of attendance and participation of student nurses at the NCNA convention by allocating to each school of nursing one student representative at the convention at no registration fee.
- Approved a new organization structure to enhance NCNA's ability to achieve its goals and purposes and to respond to challenges in the health care arena.
- Joined North Carolina Project, Inc. as an organizational member and participated in the Project's health care caucus to assure formative input into the liability crisis issue.
- Conducted a leadership workshop for more than 125 commission and committee members to orient them to their Association responsibilities and to develop strategies for achieving NCNA's goals for the 1985-87 biennium.
- Developed and distributed a district membership marketing manual.
- Supported successful campaigns of two N.C. candidates for election to ANA offices.
- Convened a Search Committee to interview candidates and make recommendations to the Board of Directors on appointment of an executive director.
- Created a new District Thirty-Five for Granville and Vance counties to facilitate participation in Association activities by nurses at the local level.

In Practice

- Received a grant awarded by the North Carolina Humanities Committee to implement a statewide project, "Ethical Dilemmas and Nursing Practice," an educational program designed to help prepare nurses for dealing with ethical problems encountered in nursing practice.
- Appointed a subcommittee of the Commission on Practice to study the issue of credentialing in nursing.
- Responded to a draft statement on "Scope of Nursing Practice" developed by ANA's task force.
- Adopted a position statement on The Administration of Medications Via Intravenous Route by Licensed Practical Nurses.
- Initiated development of regional liaison teams to serve as a support and resource network in the Peer Assistance Program.
- Made available to district associations and other groups two continuing education programs on substance abuse and the NCNA Peer Assistance Program.
- Presented testimony to the Board of Pharmacy on proposed rules under which public health nurses would dispense certain drugs and devices.
- Through the Division on Gerontological Nursing conducted a survey of nursing educational programs to determine current curricular gerontological content.
- Through the Division of Community Health Nursing Practice convened a statewide meeting of nurses in community health nursing practice to discuss issues of common concern and to develop priorities for division activities.
- Through the Division on Medical-Surgical Nursing conducted regional meetings in three cities for the purpose of discussing issues of concern to medical-surgical nurses.
- Organized the Primary Care Nurse Practitioner Conference Group into 9 regional groups with identified leadership to facilitate communication and continuing education efforts of nurse practitioners.
- Through the Primary Care Nurse Practitioner Conference Group conducted continuing education for nurse practitioners on a variety of clinical topics.
- Conducted a statewide competition in collaboration with The National Foundation on Birth Defects for the selection of the "March of Dimes Maternal-Child Health Nurse of the Year" to recognize contributions to maternal-infant care.
- Conducted a statewide competition for selection of the

"Medical-Surgical Nurse of the Year" to recognize outstanding contributions by a medical-surgical nurse to improved patient care.
- Conducted a statewide competition for selection of the "Gerontological Nurse of the Year" to recognize outstanding contributions by a gerontological nurse to improved health care for older citizens.
- Initiated a statewide competition for selection of the "Community Health Nurse of the Year" to recognize outstanding contributions by a community health nurse to improved health care.
- Responded to specific practice issues and questions from individual nurses.
- Monitored meetings of the Joint Midwifery Committee and the Joint Subcommittee of the Boards of Nursing and Medical Examiners.

In Education
- Published articles in the *Tar Heel Nurse* addressing current educational issues.
- Published articles in the *Tar Heel Nurse* concerning new educational resources available.
- Convened a Steering Committee on Implementation of Two Levels of Entry into Practice to coordinate implementation of the priority adopted by the 1985 NCNA House of Delegates to "bring together concerned groups of both nurses and non-nurses to develop an action plan for implementing two levels of entry into nursing practice in North Carolina."
- Administered a Memorial Educational Fund making loans to members needing financial assistance to pursue post-basic education.
- Conducted a continuing education review program through which 220 continuing education single offerings were reviewed for compliance with professional standards.
- Issued two Total Program Approvals and 8 Total Program Renewals through the continuing education review program.
- Surveyed registered nurses involved in continuing education concerning their needs and issues that could be addressed by the Continuing Education Forum.
- Conducted a workshop on "Discharge Planning."
- Conducted two workshops on "Professional Issues in Nursing."
- Conducted three workshops on "Networking for School Health Nursing Practice."
- Conducted three workshops on "ANA Standards of Psychiatric and Mental Health Nursing Practice: Issues and Implications."
- Conducted continuing education programs at the NCNA convention offering a total of 22 contact hours.
- Developed a workshop on "Entry Into Practice: Do You Know the Facts?" to be utilized by districts as a continuing education program.
- Developed a workshop on "Guidelines for the Registered Nurse in Giving, Accepting, or Rejecting a Work Assignment" to be utilized by districts as a continuing education program.

In Improving the Image of Nursing
- Interpreted nursing goals and needs to statewide media, official agencies, and other health organizations.
- Coordinated observance of National Nurses Day in North Carolina and promoted the observance throughout the state to acquaint the public with the diversity of nursing today and to spotlight the growing legislative and political power of nurses.
- Monitored and provided feedback to ANA on the image of nursing portrayed in various television programs and other media.
- Conducted a workshop on "Getting Your Message to the Media" at the NCNA convention.
- Revised and distributed to districts a "Public Relations Guide."
- Provided current information on nursing as a profession to high school guidance counselors through its district associations as a means of assisting with recruitment of qualified applicants to nursing education programs.
- Co-sponsored the Wellness Institute with Wake AHEC to promote understanding of the role of the registered nurse as a health care provider in disease prevention and health maintenance.
- Implemented a project through the Commission on Health Affairs, "Smoke Out—Health In" to promote increased awareness of smoking as a health threat and to encourage nurses and nursing students to stop smoking.
- Implemented a statewide public education project in cooperation with North Carolina Seat Belts for Safety to promote the habit of "buckling up."

In Legislation
- Monitored legislation throughout the 1986 session of the General Assembly for implications for nursing.
- Provided information to members of the General Assembly about nursing needs and goals.
- Presented testimony at committee hearings of the General Assembly reflecting nursing views on pending legislation.
- Monitored legislative study committees and commissions for implications for nursing.
- Presented testimony to the Legislative Study Committee on Preventive Medicine on two occasions about the role of registered nurses in health promotion.
- Updated and refined a "telephone tree" for grassroots lobbying, utilizing the district associations, specialty organizations, and other existing nurse communication networks.
- Responded to inquiries about legislative issues from individual nurses and nurse groups.
- Provided legislative updates to the North Carolina Federation of Nursing Organizations and to a variety of nurse groups.

In Political Action
- Provided support services to Nurse PAC, political action committee.
- Distributed a questionnaire prior to the 1986 primary election to all candidates for the North Carolina General Assembly to learn their views on nursing issues.
- Through Nurse PAC and district associations conducted a project of interviewing candidates.
- Nurse PAC endorsed 31 candidates for the General Assembly House of Representatives and 14 candidates for the N.C. Senate before the 1986 primary election; endorsed 38 additional candidates for the House and 12 additional candidates for the Senate before the 1986 general election; Nurse PAC contributed $1,950 to the 1986 campaigns of political candidates to strengthen nursing's political voice. Endorsements were based on past voting records and information gathered during interviews by district members.
- Through state and national political action committees provided support services to nurse volunteers in political campaigns.
- Approved a plan to facilitate networking among congressional district coordinators.
- Through Nurse PAC sponsored a reception for candidates for House and Senate general election races and the N.C. Council of State.
- Raised funds, through voluntary contributions and the sale of tickets to a reception, to make contributions in 1986 political campaigns on a bipartisan basis.
- Made available to district associations and other groups an ANA-produced video on "Nurses, Politics and Public Policy."
- Made available to district associations a continuing education program on the purpose of Nurse PAC and mechanisms for political involvement.
- Sponsored representatives attending a variety of political functions.
- Responded to queries from individual nurses and nurse groups about political activities and involvement in the political process.
- Sponsored a booth during the 1986 convention to provide information to nurses about Nurse PAC and the political process.

In Health Planning and Policy Making
- Promoted participation of nurses in local, regional, and state health planning activities.
- Provided information to state agencies, organizations, and statewide media on the role of nurses in delivery of health care.
- Monitored meetings of the North Carolina Medical Database Commission for implications for nursing.
- Supported participation of thre representatives at an ANA national conference, "Leadership Development in Public Policy."
- Developed and disseminated a position statement on The Role of the Registered Nurse in Utilizing Unlicensed Personnel.
- Communicated to the Secretary of Human Resources concerns about elimination of a school nurse consultant position in the Division of Health Services, encouraging reinstatement of the position.
- Developed and disseminated a position statement on The Role of the Registered Nurse in Health Care of the Elderly.

ACTIONS OF THE BOARD

At meetings on February 6 and March 6, the NCNA Board of Directors took the following actions:

- Approved a line item budget and a program budget for 1987.
- Received a report from the Council of District Presidents.
- Approved a motion calling for personal board members to contact each district not represented by delegates at the 1986 convention to assess problems and offer assistance.
- Made the following appointments to NCNA positions: Priscilla Sheppard to the Commission on Health Affairs; Linda Cole to the C. E. Provider Unit and Linda Wallace as NCNA advisor to NCANS.
- Approved receipt of prepaid orders for NCNA desk clocks at $5 each.
- Agreed to host North Carolina Night during the 1987 meeting of the ANA House of Delegates and called for a statewide fund raising effort to support this activity.
- Received a report on NCNA's role in the 1987 AHEC Wellness Institute.
- Received a report that the contract for the Durham VA unit was signed on January 21, 1987.
- Revised and approved additional policies as a companion to NCNA bylaws.
- Approved council applications received to date including submissions from the following groups: Community Health Council, Gerontological Council, Maternal Child Health Council, Medical Surgical Council, Council of Primary Care Nurse Practitioners, Council of Associate Degree Nursing, Council of Baccalaureate and Higher Degree Education.
- Approved a recommendation from the Council of District Presidents allowing them to proceed with a project to provide a portrait of Frances Miller for the Headquarters Building.
- Approved recommendations from the Ad Hoc Committee on Recruitment, Retention, and Utilization of Nurses calling for development of a position paper on the issue and follow-up plans for dissemination and utilization of the position paper and the development of a task force of health care delivery leaders to discuss this critical issue.
- Received a report from the Steering Committee and approved the charge and membership proposed by the Committee for six task force groups.
- Approved a recommendation from the Conference Group of Specialists in Psych-Mental Health Nursing for the development of a directory of psych-mental health nurse specialists. This project will be funded by prepaid fees from those listed in the directory.
- Approved recommendations from the Committee on Legislation to support legislative proposals by the Study Committee on County Commissioners' Authority over Local Boards and the Study Committee on Preventive Medicine. Approved support of current law on the use of seat belts. Approved support of the Public Health Nurse Training Funds request.
- Made the following appointments to positions: Freddi Deuhring to the American Heart Association, North Carolina Affiliate Healthsite Subcommittee; Barbara Balowsky to the Committee on Legislation.
- Approved Congressional District and Senate Coordinators as liaisons to NC Congressmen and Senators in Washington.
- Approved a motion to submit Mary Lou Moore's name to the ANA Board of Directors' Committee on Committees for appointment to the Committee on Ethics.
- Appointed an Ad Hoc Committee of the Board to begin work on proposed priorities for the 1987-1989 biennium to be submitted to the 1987 NCNA House of Delegates.
- Approved a motion specifying that challenges not be used as a fund-raising mechanism at NCNA conventions.

Nurses learn about public policy development at March workshop

The Holiday Inn State Capital was the scene of the March 3 "Day at the Legislature" workshop which was attended by more than 150 nurses and nursing students. Gloria Hope, Ph.D., R.N., Director of the ANA Washington office Division of Governmental Affairs, presented the keynote address, "Nursing's Role in Public Policy Development". Her address focused on the 4 C's--compromise, coalitions, collaboration and political "clubs".

The workshop was a success for both nurse attendees and legislators. The morning session featured three role play situations with nurses demonstrating lobbying skills and strategies. Jo Franklin, NCNA president-elect, played opposite Representative "B" Holt (D-Alamance). They demonstrated for workshop participants how one goes about setting up a liaison relationship with a legislator. Gale Touger, NCNA member and chairman of the Third Party Reimbursement Subcommittee in 1985, played opposite Judy Seamon, past president of NCNA, with Judy assuming the role of a legislator. They demonstrated how to "work" an issue, talk to a legislator about a specific issue seeking support. Finally, Frances Miller and Michael Crowell, NCNA attorney-lobbyist, entertained the group with a role play on how to approach a legislator who does not seem to understand an issue of importance to nurses. Workshop participants found these role play situations very helpful in dispelling some of the mystique of lobbying.

Michael Crowell presented the luncheon address, neatly tying the 4 C's into a package called "context". He helped workshop participants to better understand compromise, collaboration, coalition and political clubs in the context of the North Carolina political climate.

Senator Bill Staton (D-Sanford) was a special guest during the luncheon. He was having a pleasant chat with others at the head table when he was taken by surprise. Estelle Fulp, member of the Committee on Legislation, asked Senator Staton to join her at the microphone and presented him with a quartz desk clock while encouraging him to "take time for nursing". The base of the clock was embossed with the association's name and the words "Nurses are there...Around the clock".

With that, a special project to teach legislators to "take time for nursing" was officially "kicked off". During the afternoon session, workshop participants went to the Legislative Building armed with bags full of clocks. They attended House and Senate sessions, conferenced with their area legislators and presented all 170 legislators with their own desk clock. The clock project was real well received! So well, in fact, some legislators even had to give up their clock to their secretary and ask for another for themselves!

At 5:30 p.m., nurses returned to the Holiday Inn to welcome legislators and members of the Council of State to a two-hour reception in their honor. More than 120 of the 170 legislators attended the event. Everyone involved seemed to enjoy the opportunity to relax in a social environment and get to know each other better.

March 3 brought another successful "Day at the Legislature" workshop. NCNA's legislative program should be able to reap the benefits of some politically savvy nurses as a result of the fine efforts of the Committee on Legislation in planning this learning experience.

Update on PMH Council Status

by Rosemary Strickland, Chairman
Division of Psych-Mental Health Nursing

Over the past year, the Standards Workshop has been "on-the-road". Nurses gathered in Raleigh, Greenville and Hickory to learn more about the standards and to share common concerns. Several consistent themes surfaced at these workshops, some of which were:

1) Supervision:
   a) Who should do it - RN or MD?
   b) How to meet certification requirements?
   c) How to document it?
   d) How to justify the need for it?
   e) How to find certified nurses?
2) Peer review:
   a) How to set it up?
   b) Is it QA?
3) Third party reimbursement & how to define psychotherapy.
4) Lack of educational opportunities:
   a) Few graduate studies
   b) Sparse CE offerings
   c) Limited general psych. studies
   d) Certification
5) Medically sicker psychiatric pts.
6) Nurse/pt. ratio - (in-outpatient settings ratio may be 1/150)
7) Lack of research
8) Lack of unity between nurse generalists and specialists
9) Education for others - nurses, consumers, external funding groups, supervisors, administrators
10) Role conflict
11) Role confusion
12) Patient rights

On March 7, 1987, 20 members of the PMH Division and/or Conference Group of Clinical Specialists met at NCNA Headquarters to share a potluck lunch & to discuss council status. The food was great and the discussion was lively. Many of the same concerns expressed at the workshops were discussed during this joint meeting. The main purpose for the joint meeting was to determine whether to have the division and conference group file for establishment of separate councils or join together to form one council.

Although the need for unity is clearly an issue, it was also clear that there were many advantages to maintaining two separate councils. Therefore, the majority voted to establish two councils — a Council of Psych/MH Nurses and a Council of Clinical Specialists. Efforts to unify PMH nurses will be made by having more joint meetings and providing more educational offerings. The specific plans to accom modate more joint meetings include: a semi-annual meeting in May; an annual meeting at convention in October; and four regional meetings in March. In addition, a committee composed of equal number of genera lists & specialists was formed. This group will work toward facilitation of joint endeavors and evaluate the possibility of moving toward one Council after the next biennium. The committee consists of: Norma Willhoit, Phyllis Holloman, Wanda Waiters, Carolyn Billings, Dona Caine, & Rosemary Strickland.

Obviously there are many issues of concern to all PMH nurses, some of which may be addressed through workshops and/or CE offerings. At the Division level, the main area of concern is lack of participation. We invite and challenge division members to get involved. Call NCNA and volunteer to serve as an officer for the new PMH Nursing Council. Come to already scheduled division meetings. The next one is scheduled for Thursday, May 7, 1987, from 3:00-5:00 p.m. Carolyn Billings will present a program on "excellence in psychiatric mental health nursing". This timely topic follows closely on the heels of National Nurses Day (May 6), coincides with Mental Health Month, may help motivate a nomination for the very first PMH Nurse of the Year, and will offer CE credit - free!! What more could you ask!!

Get involved now!! Don't let the division as we know it "atrophy with disuse"!!

Don't Forget...

1987 NCNA
Primary Care Nurse Practitioner
Conference Group
Spring Symposium

May 14-16, 1987
Summer Winds Resort Conference Center
Salter Path, NC

Education Commission Sponsors Programs

The NCNA Commission on Education has developed a continuing education program entitled "Entry Into Practice: Do You Have the Facts?" The program includes a historical perspective of the issue, looks at current competencies for graduates of the three types of RN education programs, describes the legal process in relation to titling and licensure and discusses current activities in North Carolina and other states.

Members of the Commission which developed the program and who will serve as faculty are: Linda Wright, Chairman, Morganton; Margaret Bye, Raleigh; Mable Carlyle, Black Mountain; Debbie Craver, Lexington; Loletta Faulkenberry, Burlington; Emilie Henning, Greenville; Gwen Jones, Durham; Nancy Sumner, Rockingham; Gwen Waddell, Chapel Hill; and Betty Winslow, Durham.

Currently the program is being made available to district associations upon request. Eleven districts have request ed the program thus far. If your district is interested and is not one of these eleven, contact Joy Reed at NCNA.

Commission on Education reports survey results

The Commission on Education recently conducted a survey of districts to determine the level of involvement of nurse educators in NCNA activities. Sixteen districts responded to the questionnaire indicating that 182 of a possible 435 nurse educators in their area (42%) were NCNA members. The number of faculty who were or are officers at the district level ranged from zero to eleven per district. These findings are consistent with ANA data which show a 40% membership rate for nurse educators. North Carolina Board of Nursing data indicate that 845 RN's list "school of nursing" as their primary place of employment and 1305 list "instructor" as their job title.

The Commission also requested that districts share their suggestions for increasing faculty involvement. Their suggestions included: getting deans/directors involved (and the rest of the faculty will follow); providing CE programs specific to faculty needs; sending notices of all district meetings/programs to schools of nursing; extending a personal invitation to a faculty member; designating one district member as coordinator with schools of nursing; holding meetings at schools of nursing; and establishing a Nurse Educator of the Year Award through NCNA.

Most of these suggestions must be implemented by the districts. The Commission on Education is pursuing the idea of a Nurse Educator of the Year Award and hopes to present this idea to the Board of Directors in the near future.

OVER 900 MALPRACTICE LAWSUITS ARE FILED EACH DAY...

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Obtaining adequate insurance at an affordable price has been a real dilemma for many nurses in this country.

The American Nurses' Association (ANA) and its state nurses' associations determined liability coverage is one type of insurance a nurse should *not* be without. The association completed a nationwide search for the broadest coverage at the most reasonable price!

ANA FOUND IT!

Maginnis and Associates, Inc., Chicago, Illinois is now administering the ANA insurance program and it is available through SNA membership. Chicago Insurance Company is the underwriter.

EXPANDED COVERAGE/LOWER RATES

It offers the highest limits of coverage in the market — $1,000,000 per occurrence and $3,000,000 aggregate for the year. That's more than most competing programs.

It covers nurse practitioners, psychiatric and mental health nurses (including clinical specialists in private practice), educators and administrators. There is $1,000,000 coverage for personal liability and a special plan for self-employed nurses.

Rates under this new ANA plan are lower than the previous program, and Maginnis and Associates is nationally recognized for its exceptional service.

FREE QUOTE AVAILABLE

If you have participated in a program through another administrator, you may want to obtain an application and replace your existing coverage. If you previously participated in the plan administered by Kirke-Van Orsdel, you should request an application and consider the new program.

Once a policy has been issued to you from Maginnis and Associates, you could then cancel your present policy and request a refund. This assures you continuous coverage.

Simply send in the form below or call ANA **(1-800-821-5834)** weekdays 8:30 a.m.-4:30 p.m. central time, or Maginnis and Associates **(1-800-621-3008)**, or your SNA and request an application.

REQUEST FOR APPLICATION

AMERICAN NURSES' ASSOCIATION AND ITS STATE CONSTITUENT ASSOCIATIONS' PROFESSIONAL LIABILITY PROGRAM

☑ Please mail me an application:

I am a ☐ Fully-Employed RN ☐ Self-Employed RN

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State:_____ ZIP:_____

Phone: (_____)_____

Area of Specialty:_____

Mail to: ANA Liability Program,
Maginnis & Associates, Inc.,
P.O. Box 94250, Chicago, Illinois 60690

SN

ANA AND YOUR SNA'S LIABILITY PROGRAM... MEETING THE INSURANCE NEEDS OF THE NURSING PROFESSION

Focus on Districts

by Joy Reed

As anyone who has been involved with NCNA for a long period of time knows, the district associations are the "heart" of NCNA. They provide the place for our 3110 members to provide input related to issues and concerns that helps NCNA to be the "voice" of nursing in North Carolina.

When the new bylaws take effect and NCNA converts to its new structure following elections at the 1987 convention, there will be two structural units whose responsibility it will be to work with and support those district associations. First, there will be a Constituent Forum, the counterpart of our current Council of District Presidents, whose members will be the presidents and president-elects of each district. There will also be a Cabinet on Constituent Associations, the chairman of which will be elected by the total membership. This group has the responsi bility for identifying and developing services needed by districts and for facilitating the organization and development of districts. The cabinet will provide a consistent core of persons who can identify, priortize and determine strategies for dealing with the overall issues and concerns of NCNA's districts.

In preparing for NCNA's structure change, many districts are having to revise their bylaws related to officers to include a position for president-elect. For those districts which have difficulty finding persons to serve as officers in the current positions, this may seem like one more burden. However, providing this kind of continuity both at the district level and in the Council of District Presidents/Constituent Forum may be a needed boost in the long run. NCNA urges those districts to make the change as quickly as possible in order that all new officers can attend Leadership Day, June 22. If you are a candidate for district office, please put this date on your calendar now.

Finally, NCNA challenges each member to become more involved, to become an active part of the "heart" of NCNA.

Study Demonstrates Value of Nursing

The December 1, 1986 issue of *Imprint* reports a study conducted by George Washington University School of Medicine which clearly demonstrates, contrary to expectations of investigations, that when nurses are allowed to act as professionals, mortality rates in intensive care units decline. When investigations found significant differences among hospitals "predicted" and "actual" mortality rates (based on APACHE II), they anticipated that greater technology and association with a research/teaching hospital would be the related factors for those intensive care units with lower than predicted rates. However, quality nursing care and communication between doctors and nurses were the related factors revealed by analysis of the data. In those hospitals where nurses were functioning more autonomously with the ability to make patient care decisions within defined protocols and where nurses had control over their workload by being able to cancel elective surgery when patient demands exceeded nursing resources, mortality rates were lower than predicted. In hospitals where doctors and nurses were in conflict over the numbers of patients for whom nurses could provide care, mortality rates exceeded predictions. Nurses functioning in the professional roles for which they were prepared *do* make a difference.

Five For Free Contest

Recruit 5 new full pay members (or any combination of new members paying half-price and/or quarter-price dues equivalent to 5 full pay members) between March 15 and September 15, 1987, and choose between 1) waiver of 1987 NCNA convention registration fee and 2) equivalent credit toward annual membership dues not exceeding your current individual membership rate.

Please follow these guidelines to ensure accurate record-keeping and a smoothly run contest. You, the nurse recruiter, are responsible for:

1. Writing "Recruited by" and your name on *all* copies of each application used. Only *individual* recruiters are eligible.
2. Ensuring that applications are completed fully and correctly (those with missing information, i.e., license number, *cannot* be processed—only processed applications will be counted as new members).
3. Ensuring that applications are mailed to NCNA Headquarters, P.O. Box 12025, Raleigh, NC 27605 *and are received* on or before September 15, 1987.

You will be notified when the applications of *your* new members are received and processed. You will also be advised of any deficiencies in a prospective member's application (that prevents processing) so that *you* may contact them to correct it.

Winners will be notified between October 10 and October 25, 1987. Remember! A new member is a nurse who has not been a member of NCNA or another state nurses association for at least six months.

Report of continuing education offerings approved by NCNA

DATE	CREDIT	OFFERING
1/28/87	1 c.h.	"Uvulopalatopharyngoplasty: The Cure for Sleep Apnea," NCNA District 3, Winston-Salem (5748)
2/3/87	6.5 c.h.	"Streamlining Nursing Documentation: The P.I.E. Charting Method," Nursing Business News, various (5740)
2/9/87	14 c.h.	"Fetal Monitoring Update," Annie Penn Memorial Hospital, Reidsville (5742)
2/10/87	6 c.h.	"Confronting AIDS: Coping Strategies, Case Management and Policy Development," N.C. Association for Home Care, Greensboro (5747)
2/12/87	8 c.h.	"Nursing Diagnosis," Veterans Administration Medical Center, Fayetteville (5746)
2/13/87	6 c.h.	"Selected Pharmacy/Medication Related Issues in Long Term Care," Pharm-Save, Inc., Greenville (5753)
2/16/87	52 c.h.	"Care of the Critically Ill Child," Craven County Hospital, New Bern (5751)
2/19/87	4 c.h.	"Risk Management for Nursing," Pitt County Memorial Hospital, Greenville (5749)
2/20/87	7.5 c.h.	"Adolescence: Growing Up in Today's World," Wake County Health Department, Raleigh (5760)
2/26/87	9 c.h.	"Physical Assessment Workshop," Memorial Mission Hospital, Asheville (5745)
2/87	1 c.h.	"Trauma Education Project," Pitt County Memorial Hospital, Greenville (5741)
2/87	2.5 c.h.	"Nursing Diagnosis: Your Professional Responsibility," Highsmith-Rainey Memorial Hospital, Fayetteville (5750)
2/87	1.5 c.h.	"Cytotoxic Agents," Highsmith-Rainey Memorial Hospital, Fayetteville (5758)
2/87	1 c.h.	"Code Drugs," Wilson Memorial Hospital, Wilson (5768)
3/5/87	8 c.h.	"Oncology Update," Nash General Hospital, Rocky Mount (5774)
3/7/87	2.5 c.h.	"Anesthetic Agents," Area L AHEC, Wilson (5780)
3/12/87	6 c.h.	"Respiratory, Cardiovascular and Neurological Assessment of Children," Davis Community Hospital, Statesville (5763)
3/14/87	7 c.h.	"1987 Opthalmology Update," Central NCASORN, Chapel Hill (5769)
3/16/87	6.5 c.h.	"Legal, Ethical and Professional Dilemmas in Discharge Planning," Gail Hardy Russ and Associates, various (5755)
3/16/87	3 c.h.	"Understanding Behavioral Styles: Yours and Others," New Beginnings, Salisbury (5764)
3/17/87	1.5 c.h.	"The Problem of AIDS," NCNA District 13, Raleigh (5778)
3/17/87	6 c.h.	"Preceptor Program," Wilson Memorial Hospital, Wilson (5767)
3/19/87	3 c.h.	"Symposium on Nursing Excellence," Eta Psi Chapter, Sigma Theta Tau, Lake Junaluska (5765)
3/19/87	1 c.h.	"Risk Factor Profiling in Hypertension," NCNA District 1, Asheville (5787)
3/21/87	7 c.h.	"Legal Issues in Perioperative Nursing," Tarheels East AORN, Durham (5771)
3/23/87	19.5 c.h.	"ACLS Course," Rowan Memorial Hospital, Salisbury (5770)
3/25/87	7.5 c.h.	"Functions of General Management and Supervision," A & L Long Term Care Management Associates, Charlotte (5775)
3/25/87		"Intermediate Critical Care Course," Craven County Hospital, New Bern (5798)
3/25/87	1.5 c.h.	"Pediatric Urology," Forsyth County Health Department, Winston-Salem (5776)
3/25/87		"Eating Healthy - A Personal Choice," Rowan Memorial Hospital, Salisbury (5778)
3/26/87	1 c.h.	"Stress Management Workshop," Memorial Mission Hospital, Asheville (5772)
3/26/87		"Family Planning: Current Trends in Practice," NC DHS Family Planning Branch, Greensboro (5790)
3/30/87	8.5 c.h.	"Preceptorship Program," Veterans Administration Medical Center, Fayetteville (5761)
3/87	7.5 c.h.	"Modern Diabetes Today," Highsmith-Rainey Memorial Hospital, Fayetteville (5756)
3/87	6 c.h.	"Legal Aspects of Nursing," Highsmith-Rainey Memorial Hospital, Fayetteville (5782)
4/1/87		"Children's Eye Health and Screening the Preschooler," NC Society to Prevent Blindness, various (5793)
4/6/87		"Advanced Neurological Core," Pitt County Memorial Hospital, Greenville (5796)
4/7/87		"Basic Coronary Care," Pender Memorial Hospital, Burgaw (5784)
4/8/87	6.5 c.h.	"Rehabilitation Nursing of Patients with Specific Neurological Disease," Thoms Rehabilitation Hospital, Asheville (5773)
4/9/87	5 c.h.	"Stress Management," Veterans Administration Medical Center, Fayetteville (5781)
4/9/87		"Magnetic Resonance Imaging," NCNA District 3, Winston-Salem (5777)
4/10/87		"Congestive Heart Failure," Wake County Health Department, Raleigh (5792)
4/13/87	6 c.h.	"Designing Effective Patient Education Pamphlets," Rowan Memorial Hospital, Salisbury (5769)
4/16/87	15.5 c.h.	"Pediatric Core," Pitt County Memorial Hospital, Greenville (5795)
4/24/87	4.5 c.h.	"Women's Health Care: Health Promotion and Early Detection," NC DHS, Raleigh (5791)
4/87		"Drug and Food Interactions," Highsmith-Rainey Memorial Hospital, Fayetteville (5799)
4/87		"Electrocardiography I," Margaret R. Pardee Memorial Hospital, Hendersonville (5785)
TBA		"Basic 12 Lead EKG Interpretation," Gaston Memorial Hospital, Gastonia (5785)

Frances Miller was surrounded by friends and family at the March 3 reception honoring her on her retirement. Photo above, left to right, Mr. Miller, Frankie, Mrs. Graham, Commissioner Jim Graham, and Nancy Dunn, Frankie's daughter.

ANA will charge new fee for EDPP

ANA has announced a new service fee for all state nurses association members who use the Electronic Dues Payment Plan (EDPP). $4.00 per year will be added to payments beginning with March 31, 1987 renewals. This will increase all EDPP monthly withdrawals by approximately 33 cents. The withdrawal for NCNA members will now be $12.83 per month.

At the same time, ANA announced an increase in the service fee for use of the installment payment plan to $4.00 a year. The fee had been $3.50 annually. This also takes effect March 31, 1987. Questions about the new service fees, which were not previously announced to the states, should be directed to ANA.

The new service charges do not affect members who use the payroll deduction or full annual payment plans.

NURSE TO NURSE

By Carolyn Billings, Chairman
Commission on Member Services

If you are a staff nurse, you know firsthand about problems with patient assignments. One companion issue to a "nurse shortage" is the agony of not enough resources to do the job. It may manifest itself in the form of increased numbers of patients to nursing staff or in the form of reassignment of nurses to other areas within the work setting where the patients and the protocols are not as familiar. North Carolina nurses are not alone in facing this problem. As evidenced by the national nursing literature, it is a pervasive one.

It is the case, however, that North Carolina is among the leaders in the country in addressing the problem, using, as Mary Mallison phrased it in her Editorial column in the February issue of *AJN*, a "gentler first approach". The editorial entitled, "Protesting Your Assignment", points out that "chronic staffing problems reflect improper allocation of a hospital's resources". Mallison outlines the approach of three different states in addressing the prevalent dilemma of inappropriate nursing assignments. The New York State Nurses Association, for one, has designed a "Protest of Assignment" form which a nurse can use to document her objections to an assignment. A copy goes to the nursing supervisor, and one to the Nurses Association which may, in some instances, take action to inform appropriate people/agencies. The Maryland Nurses Association took its concern to the legislature requesting that a clause be added to the Nurse Practice Act which would require disciplinary action against a nurse who "directs (nurses) to do an act or take an assignment that is not within that individual's skills, experience, or qualifications..." That legislation was dropped while the Maryland Hospital Association is "looking into the issue of unsafe assignments."

One major difference between these two approaches and the avenue taken by NCNA (the third state mentioned in Mallison's editorial), is the care we have taken to understanding how this problem is an agony for the nurse manager, head nurse, nursing supervisor, as well as for the staff nurse. The documents generated in North Carolina speak for nursing as a whole without pitting factions (management, staff) against one another. Both the "Minimum Employment Standards for Registered Nurses" and the "Guidelines for Registered Nurses in Giving, Accepting, or Rejecting a Work Assignment" brochures offer assistance to *any* nurse caught in the Catch-22 of staffing shortages. Both staff nurses and nurse managers can find support for acting in the best interest of patient care in these two sources. I, for one, am proud that North Carolina nurses have received recognition in *AJN* for our hard work in dealing with these critical issues. I am even more pleased that our efforts have been directed toward *every* nurse who suffers because of the nurse-power crisis.

ABOUT PEOPLE

Cathy Hughes of Charlotte was honored by the Charlotte chapter of the National Organization for Women for contributions to the community's women...**Joyce Monk** of Farmville has been appointed to the Pitt County Mental Health Center Board of Directors and elected to the Board of Directors of the N.C. Council of Mental Health/Mental Retardation/Sub stance Abuse Programs ....**Beverly Ferreiro** of Chapel Hill is one of 3 authors of a guide to help counselors assess client's divorce-related concerns....**Martha Henderson** of Chapel Hill received a Doctor of Ministry degree in December from Southeastern Baptist Theological Seminary.... **Barbara Nettles-Carlson** of Chapel Hill co-authored an article, "Gonorrhea in Women: A Serious Health Problem" which appeared in the 1987 edition of *Health Care for Women International*....**Patricia A. Lawrence** of Durham has received a grant from the Diabetes Research and Educational Foundation for study of "Accuracy of Staff Nurses in Monitoring Capillary Blood Glucose"....**Joanne S. Harrell** of Chapel Hill and **Mary T. Champagne** of Sanford received UNC Biomedical Research Support grants to study aspects of cardiovascular nursing....**Joan Bone, Carol Fray** and **Virginia Sullivan** of Charlotte received a grant to study conflict management styles of chronic pain patients.

News Brief - *from page 8*

1987 on the University of California, Berkeley campus. For additional information contact Catherine Robinson or Ellen Montague at (415) 642-0709.

NACCOG's Sixth National Meeting will be held May 31 - June 4, 1987 in Phoenix, Arizona. The theme "Expanding Horizons: Changes, Challenges and Commitment" will be reflected in over 40 speciality sessions. For information call Denise Savage at (202) 638-0026.

The 5th National Symposiom of the Society for Peripheral Vascular Nursing will be held June 8-9, 1987 in Toronto, Canada. For information contact Shelia White Flores, RN, MA, Vascular Surgery, Montefiore Medical Center, 111 East 210th Street, New York, NY 10467 or call (212) 920-4688.

- **New AJN Resources:** AJN has released new video tapes entitled: "Patient Care Strategies: Reflex or Research?" "Promoting Normal Growth in The Hospitalized Child;" "Nursing: Expanding the Quality of Caring;" "Functional Assessment of the Elderly;" "Basic Dysrhythmis Interpretation;" "Therapeutic Touch: A New Skill From an Ancient Practice;" "Tender Loving Care: A Coach's Role in Labor and Delivery;" "Pediatric IV Therapy;" a#d "Connecting With Your Patient: Nonverbal Communication For the Health Care Professional." To rent or purchase call 1-800-223-2282. AJN has also developed a four-disk computer program entitled "EKG Primer," available for $250. Call 1-800-223-2282 for information.
- **ANA Publications:** *Standards of College Health Nursing Practice* (Pub. No. CH-15)—$2.50; *Standards of Home Health Nursing Practice* (Pub. No. CG-14)—$2.50; *The Role of the Clinical Nurse Specialist* (Pub. No. NP-70)—$7.00; *Gerontological Nurses in Clinical Settings: Survey Analysis* (Pub. No. GE-11)—$14.25; *Gerontological Nursing Curriculum: Analysis and Recommendations* (Pub. No. GE-10)—$12.50; *Pay Equity: What It Means and How It Affects Nurses* (Pub. No. EC-145)—$6.00; *New Organizational Models and Financial Arrangements for Nursing Services* (Pub. No. D-90) and *Computers in Nursing Education* (Pub. No. NE-13)—$8.00. To order contact Publications Orders, ANA, 2420 Pershing Road, Kansas City, Missouri 64108.

The ANA Council on Psychiatric and Mental Health Nursing has a copy of the home video "Shattered, If Your Kid's On Drugs" which may be borrowed from the Council without charge. The video is directed primarily towards parents.

District V of the Massachusetts Nurses' Association has a new publication entitled "An Application of the ANA Standards of Nursing Practice: Philosophy, Job Description, Evaluation." Send $2.00 per copy to District V, Inc., MNA, 850 R Providence Highway, Dedham, Massachusetts 02026.

Nurse PAC Reports on New Contributor Categories

Judy Seamon, chairman of Nurse PAC, reports the new Nurse PAC contributor categories are being well received. Chris Allen, Nurse PAC's first Life Contributor, was presented her silver engraved Revereware bowl during the March 3 "Day at the Legislature" workshop. Four new silver contributors have been added to the contributor list since the categories were implemented on January 1, 1987. These include Hettie Garland, Ed Kirkpatrick, Gail Crowe, and Estelle Fulp. Ms. Seamon congratulated each of these contributors for their commitment to promote nursing's role in the political arena.

All NCNA members have been notified through the January-February *Tar Heel Nurse* about the Nurse PAC contributor categories. The 1986 contributors recently received the winter Nurse PAC newsletter. Ms. Seamon encourages all members to make their 1987 contribution today.

Nurse PAC issues a CALL FOR ACTION... HELP MAKE A DIFFERENCE TODAY!

This is the time of year for annual solicitation for Nurse PAC contributions. Please use the form below to support NURSE PAC's efforts to make a DIFFERENCE for nurses and consumers of health care through political activity.

Name _____

Address _____

City _____ State _____ Zip _____

Check one ____ RN ____ LPN ____ Nursing Student ____ Other

Place of employment _____ Phone (H) _____ (W) _____

Contribution amount and category:

_____ $10 Associate Contributor (Friend of nursing)
_____ $25 Nurse Contributor (RN, LPN, Nursing Student)
_____ $100 Silver Contributor *will receive Silver Nurse PAC pin
_____ $200 Gold Contributor *will receive Gold Nurse PAC pin
_____ $500 Life Contributor *will receive choice of Nurse PAC pin and Revereware bowl

All contributors will receive Nurse PAC quarterly newsletters.

A copy of our report is on file with the State Board of Elections.
Mail to: Nurse PAC, P.O. Box 12025, Raleigh, N.C. 27605.

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolina 27605

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Tar Heel Nurse

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Nursing caught in liability insurance crunch

Nurses are being hit hard, as the nation's liability crisis remains critical in the area of malpractice coverage. Many registered nurses are experiencing skyrocketing premiums and access to coverage will be *discontinued* for nurses in one specialty practice area.

Maginnis and Associates, Inc.—liability insurance administrator for NCNA, the American Nurses' Association (ANA), and most specialty nursing organizations—has recently announced forthcoming changes in coverage provided for nurses. Under the Maginnis program, the underwriter (Chicago Insurance Company) will still be issuing occurrence policies instead of claims made policies. This is good news for nurses because a lot of insurance companies are now issuing only claims made policies to health professionals, which means the coverage is not as extensive.

The first area of concern among these changes is that general duty registered nurses and nurses in specialty practice will be paying higher premiums, some as much as *three times* the current amount. These premiums will go into effect at the time of renewal date. It is feared that these rising premiums could exacerbate the nursing shortage and slow the advancement of the profession. Since the annual average salary for all registered nurses is only $23,500, this situation presents a serious problem.

The new premiums nurses will have to pay are set up according to a new trend in professional liability insurance for nurses called "experience rating". "Experience rating" dictates that groups with higher claims experience pay higher premiums. Specialty groups of nurses are being separated out so that claims made against nurses in each of these categories, or classes, can be documented. Rates are then set at a level that the insurance companies feel will allow the class to pay for itself. In the past, several groups of nurses had all paid the same rate, and the groups of nurses with a low number of claims economically compensated the insurance companies for the groups with a higher number of claims.

(continued on page 11)

Legislative pace quickens with more than 2000 bills in progress

At the time of this writing, the N.C. General Assembly is in full swing! To date, more than 1350 pieces of legislation have been introduced in the House and 920 in the Senate.

Pulses and paces have quickened at the 1987 General Assembly. A new rule for both the house and the Senate is primarily responsible for this climate. It specifies that, to be eligible for consideration, bills (other than finance or appropriations bills) must be received and read in the second chamber by May 28. In other words, House bills must have been through committee, all three readings in the House and sent to the Senate chamber by May 28 before they can be considered by the Senate (or vice versa). May 28 is less than two weeks away at the time of this writing and many committees find themselves with as many as 35-40 bills needing action. As a result, many committees are calling extra meetings and/or evening meetings; the afternoon chamber sessions are lasting longer and longer. It *feels* like the last few weeks of the session—a sense of near panic in the air. Everyone needs to stay on their toes during times like these.

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Recent issues of the *Tar Heel Nurse* have included information about a suspected seat belt law repeal effort. The suspicions became reality but the repeal effort appears now to be history.

It started on March 26 when Senator Robert Somers introduced SB219 to repeal the mandatory seat belt law, making seat belts optional for adults. Other bills followed ...SB333, HB667, HB675, and SB452...all seeking to change the law requiring front seat occupants to buckle up either by outright repeal or via a referendum on seat belt usage.

None of the bills were moving very fast until an overdose of parliamentary procedure pushed them all aside.

On April 28, Representative Toby Fitch (D-Wilson) introduced HB972, an act to repeal the seat belt law passed in 1985. The

(continued on page 4)

Districts celebrated Nurses Day in May. Photo here shows District 20 award winners Frances Eason (left) "Nurse of the Year" and Faye Freeze, recipient of the Mattox Award at the district's annual banquet. The "Focus on Your District" article in this issue features more news about district celebrations of Nurses Day.

Message from the President

Hettie L. Garland

The celebration of National Nurses Day may have provided you with an opportunity to celebrate nursing and participate with your colleagues in special activities. The news media and nursing literature have focused on the 'problems' of nursing recently, specifically to the nurse shortage, declining enrollments, and other issues that relate to the broad area of recruitment, utilization, and retention of qualified nursing manpower. It is important that these issues receive media attention—the issues are real and emphasize the critical role that nursing plays in the delivery of health care.

Part of our 'humanness' is focusing on the negatives in any issue rather than balancing the problems with the good things. Nursing is one of the most exciting and challenging professions that we can choose to be a part of. Nursing offers a wide variety of career paths in administration, education, clinical practice, health policy, legal and regulatory activities—the list is almost infinite. Nursing can be practiced in any arena from complex bureaucracies to any home located anywhere. Nursing focuses on individuals and communities of varying sizes, shapes, and descriptions. The primary reason any patient or family is admitted to a health care delivery system is to receive nursing care. Nursing provides challenges inherent in any profession in always striving to be better at what we do—and nursing provides the opportunity for the most intimate relationships with others in the delivery of nursing care.

Each of us selected nursing for very individual and special reasons. It's easy to get caught up in the focus on the negatives—and we should. It's because of the reality of "shortages" and professional challenges that we are able to implement and evaluate strategies to resolve these and other issues. But we must also talk about our successes, promoting nurses and nursing. We are good at what we do! Let's carry our lamp high as Florence Nightingale did—not hide it under a basket.

For whatever the reason, thank you for choosing nursing!

Conference group may use absentee voting

The Primary Care Nurse Practitioner Conference Group petitioned the NCNA Board of Directors and received approval to allow absentee voting in their fall election of conference group officers. In keeping with approved procedure for the absentee voting mechanism, the group's ballot to date is included here:

Chair
Janet Wolfe, Raleigh
Sue Sweeting, Blowing Rock

Vice-Chair
Linda Tull, Weaverville
Jimmie Butts, Raleigh

Secretary
Marie Shirey, Raleigh
Debbie Poole, Raleigh

Member at Large
Amanda Greene, Carrboro
Gayle T. Sink, Greensboro
Margaret (Pegge) Johnson-Saylor, Asheville
Joyce Nixon, Gastonia

Representative to Cabinet
Jan Wolfe, Raleigh
Jimmie Butts, Raleigh
Amanda Greene, Carrboro
Ron Jandebeur, Charlotte
Joyce Nixon, Gastonia

Any other persons interested in running for office are invited to self declare by submitting their name and vitae to NCNA by August 1. The conference group nominating committee will meet to finalize the slate after the August 1 deadline.

Conference group members who wish to use the absentee voting option must submit a request for the ballot and a self-addressed, stamped #10 envelope to NCNA by September 1. Completed ballots must be returned to NCNA by October 1. Election results will be announced at the Primary Care Nurse Practitioner Conference Group meeting during the 1987 convention.

Med-Surg Division issues a call for nominations

The Nominating Committee for the Medical-Surgical Division is seeking nominations to fill leadership vacancies on the Council of Medical-Surgical Nursing in the new structure. Available positions include: Chair, Vice-Chair, Secretary, two Members-at-Large, and a representative to the Cabinet on Practice. This is an exciting time for nursing and NCNA. Volunteer to be where the action is! Contact Hazel Browning at NCNA headquarters to have your name placed on the ballot.

Delegates address issues at ANA Convention

By the time this issue of *Tar Heel Nurse* reaches your mailbox ANA's 1987 House of Delegates will have met, deliberated and decided important issues affecting nursing in North Carolina as well as across the country. The 10 Delegates that were elected last October to represent NCNA at this national ANA meeting have had two orientation sessions at NCNA Headquarters, will hold at least two caucuses when in Kansas City and have armed themselves with a barrage of delegate materials, briefing papers and fact sheets.

Important issues that are to be deliberated by the 615 Delegates from across the nation include proposed changes to ANA's bylaws that allow for associate nurses to become SNA members; a proposal for ANA's Board of Directors to change the ANA dues conversion factor from $55 to $84 (per member); and a number of significant other reports and resolutions.

North Carolina nurses travelling to Kansas will also celebrate two candidates to national office (Judy Seamon for ANA's Board of Directors and Gene Tranbarger for ANA's Cabinet on Nursing Services) at the second annual "North Carolina Night" reception. The open reception will be on Saturday, June 6, from 6:00 p.m. to 7:30 p.m. at Kansas City's Vista Hotel, the headquarters hotel for NCNA staff and delegate caucuses.

Delegates are bracing for long hours of work and study while in Kansas City. Most are funding their own expenses with some help from local Districts through contributions to a "Delegate Fund." Anyone who wishes to contribute to defray these costs may still do so by sending a check to NCNA for the Delegate Fund.

New certification offerings available

The American Nurses' Association Board of Directors has authorized the establishment of two new certification offerings, one in General Nursing Practice and one in School Nursing. The first administration of the two new exams will be October 1, 1988. ANA is now in the process of developing scopes of practice and criteria for appointment of two new committees of examiners. Item Writers are being identified and NCNA has already submitted nominations for item writers for the exams. NCNA members who are interested in becoming certified in either of these practice areas should familiarize themselves with eligibility requirements by contacting ANA at 800-821-5834 and asking for a copy of the 1988 certification catalogue.

Marketing Nursing:

Image, Product & Program

Sponsored by
North Carolina Nurses Association

Date: July 9, 1987

Time: Registration - 9:00 a.m.
Program: 9:30 a.m. - 4:30 p.m.

Location: Winston Plaza
425 North Cherry Street
Winston-Salem, N.C.

Purpose: To update nurses on the knowledge, processes and resources of marketing.
Who should attend: Any nurse who is interested in "selling" nursing as a career, a particular educational or service program in nursing, or a self-developed product for nurses.
Objectives: Upon completion of the session each paritcipant will be able to:

1. Discuss theories and principles of marketing as they apply to nursing.
2. Analyze components of successful and unsuccessful strategies in marketing.
3. Identify human and media resources available in North Carolina for marketing nursing.

AGENDA

9:00 a.m. Registration
9:30 a.m. "Theories and Principles of Marketing," Dr. Beverly Malone
10:30 a.m. Break
10:45 a.m. "Theories and Principles of Marketing," continued
12:00 p.m. Luncheon
1:30 p.m. Concurrent sessions
"Marketing the Image of Nursing," Judy Seamon
"Marketing a Program in Nursing," Frances Eason
"Marketing a Product in Nursing," Gail Hardy Russ
3:30 p.m. Break
3:45 p.m. Group wrap-up and evaluation
4:30 p.m. Adjourn

Marketing Nursing: Image, Product & Program

Name: _____

Address: _____ Phone (h) _____

Employer: _____ Phone (w) _____

_____ Member $50 _____ Non-Member $70

Make check payable to NCNA and mail to: NCNA, P.O. Box 12025, Raleigh, NC 27605
No later than June 25, 1987

Legislative pace quickens

(from page 1)

bill was identical to HB667, introduced on April 16 by Representative Richard Wright (D-Tabor City). HB972 was sent to the Committee on Highway Safety where HB667 had been resting on its laurels for some time while Rep. Wright worked for support of his bill. To the surprise of many, the committee announced its plan to take up HB972 an April 29. Against objections from Rep. Wright and a representative from the group for seat belt choice, Rep. Fitch called for a favorable report for his bill and the motion was easily defeated. A motion was then made to give the bill an unfavorable report and it passed with equally as much ease. The committee report was delivered to the full House during the afternoon session. The effect of this process reached beyond HB972 to also defeat HB667 and other related bills since rules of the chamber prevent germane issues from being considered once the General Assembly has "spoken" on that issue.

In related action, the Senate Committee on Election Laws gave an unfavorable report to SB333 on April 15. The measure would have provided for a referendum on seat belt usage. In effect then, the opportunity for a referendum or an outright repeal of the seat belt law seems to have met its demise for this session.

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Senate Bill 698 and House Bill 1020 are identical measures which would authorize the Legislative Research Commission (LRC) to conduct a study of "issues related to having health care professionals and those in related professions (such as vocational rehabilitation specialists and dieticians) receive direct reimbursement from third parties for preventive health care."

The Senate bill was introduced by Senator Bill Martin (D-Guilford) and assigned to the Senate Rules Committee. The House bill was introduced by Rep. Jeff Enloe (D-Macon) and sent to the House Committee on Appropriations.

These bills come with the recommendation of the Study Committee on Preventative Medicine which met in 1985 and 1986. If approved by the General Assembly and funded by the LRC, it would provide for a thorough debate of the reimbursement issue.

On Thursday, May 7, the Senate Rules Committee held a late afternoon meeting after the Senate session to consider several bills. Among the printed list of bills to be considered was SB698. NCNA was present to present a statement in support of the study *but*...the bill never came up for review. When speaking to the chairman after the committee adjourned, Senator Monk Harrington (D-Bertie) indicated that he had decided not to take the bill up just yet.

What's going on? We're not quite sure. Perhaps the committee's agenda was too full, in the chairman's opinion. *Or* perhaps opponents of the bill have been hard at work and convinced the leadership to sit on the bill and allow it to die. NCNA is working on initiating calls and letters to the Senate Rules Committee. If the Rules Committee gives the bill a favorable report, it will then go to the Committee on Appropriations and we will need to work the Senate members of that committee.

The companion bill, HB1020, is still in the House Committee on Appropriations. All members of that committee need phone calls and letters of support from you, *the constituent*. A list of committee members follows:

House Appropriations Expansion Budget Committee: Representative Watkins, Chairman; Representatives Anderson, Colton, Bruce Ethridge, Holt, Hunter, Locks, Murphy, Nesbitt, Nye, and E. Warren, Vice Charimen; Representatives Abernethy, Barbee, Barnes, Barnhill, Beall, Beard, Bowen, B. Brown, Brubaker, Burke, Chalk, Chapin, Cochrane, Cooper, J.W. Crawford, N.J. Crawford, Cromer, Dawkins, Decker, DeVane, Diamont, Duncan, Easterling, Edwards, Enloe, Bob Etheridge, L. Etheridge, Fletcher, Foster, Freeman, Fussell, Gist, Greenwood, Hasty, Hege, Holmes, Huffman, Hughes, Jack Hunt, Isenhower, James, Jeralds, Justus, Kennedy, Ligon, Lutz, McLaughlin, Michaux, Payne, Perdue, Redwine, Rogers, Sizemore, Tart, Walker, R. Warren, and Woodard.

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At the request of Attorney General Lacy Thornburg Representative George Miller (D-Durham) introduced House Bill (HB) 354 intended to remedy alleged neglect and abuse of patients or residents of "residential health care facilities." Residential health care facilities are defined in the original bill as "hospitals, intermediate nursing facilities, long-term care facilities, domiciliary homes, homes for the aged and disabled, family care homes, group homes for developmentally disabled adults, and any other residential health care-related facility, whether publicly or privately owned."

The original bill would establish as a crime "intentional infliction of bodily injury" or "intentional or culpably negligent failure to provide adequate care or treatment." Conviction under the proposed law would result in a prison term of up to 10 years where the result to the patient is serious bodily injury or infirmity or a prison term of up to 50 years where the result proximately causes death of the patient.

The bill was assigned to the House Judiciary 3 Committee. Nurses and NCNA have a long standing history of commitment to the patient advocate role. No health care provider or group representing such would be opposed to a bill to "Prohibit Patient Abuse and Neglect," that being the short title of this bill. We also, however, have the obligation to monitor legislation to assure that our voice is heard in the promulgation of sound legislation—legislation that is part of the solution to health care issues, not part of the problem.

NCNA has worked with a coalition of representatives from health care provider groups who share common concerns about the *language* of the bill. These include the N.C. Medical Society, N.C. Health Care Facilities Association, N.C. Association for Home Care, N.C. Academy of Family Physicians, and the N.C. Hospital Association.

(continued on next page)

NORTHWEST AREA HEALTH EDUCATION CENTER

Director of Aging Initiatives

The Northwest AHEC is seeking a creative and highly motivated educator to build upon a model initiative in aging for a seventeen county region of North Carolina. The initiative has a strong base and will expand under effective leadership and in cooperation with a supportive AHEC staff and a newly developing Section of Geriatric Medicine at Bowman Gray School of Medicine. The Director of Aging Initiatives will be responsible for administering AHEC education and training efforts for practicing health care providers, teaching in appropriate areas of expertise, and coordinating services with other AHEC health educators and librarians. The Director will be expected to build relationships with agencies serving the older adult and represent the AHEC on issues concerning the older adult.

Qualifications: Educational preparation at the Masters level or above with major in one of the health care disciplines and with additional education and/or experience in the field of geriatrics/gerontology; Evidence of creativity in education programming; Excellent interpersonal skills; Experience as an adult educator with continuing education program development skills; Administrative and consultative experience.

The position is full-time and is available July 1, 1987. The application deadline is June 9, 1987.

Send inquiries or resumes to: Search Committee
Northwest AHEC
Bowman Gray School of Medicine
300 S. Hawthorne Road
Winston-Salem, NC 27103

AA/EEO

Paid Advertisement

Message from the Executive Director

Clare LaBar

Greetings to all the members of NCNA! After only a few weeks as executive director I think I can safely say NCNA is alive and doing well: Alive with a strong board, energetic committee members and vital programs; and doing well with an excellent staff who carry on the work of the organization with enthusiasm and commitment. As a newly hired executive director I remind myself every day that I am fortunate indeed to have the internal and external support that will make me look good.

My hope is that the skills and experiences I have acquired in the study of nursing legislation, nursing practice issues and reimbursement for nursing services will benefit all of nursing in North Carolina. I look forward to meeting and working with you in the coming months. If there is anything that I can do for any of you personally in my role as executive director, please feel free to give me a call (919-821-4250).

NEWS BRIEFS

- Information about cleft lip and palate and other craniofacial abnormalities can now be obtained by calling a toll-free number, 1-800-24-CLEFT.
- The Second National Institute on Nursing Ethics cosponsored by ANA's Committee on Ethics will be held September 9-11, 1987, at Oakbrook Hills Hotel and Conference Center in Oakbrook, Illinois. For more information write Marketing, ANA, 2420 Pershing Road, Kansas City, Missouri 64108.
- The Massachusetts Nurses Association will present "A Certification Review" for nurse practitioners, psychiatric clinical specialists and medical/surgical nurses September 11, 12, 18 and 19 at The Royal Plaza Hotel, Marlborough. For information contact MNA, Department of Nursing, 376 Boylston Street, Boston, MA 02116.
- The American Cancer Society's Fifth National Conference on Cancer Nursing will be held September, 14-16, 1987, at Crystal Gateway Marriott in Arlington, Virginia. For information contact your local unit of the American Cancer Society.
- The Emergency Nurses Association will hold its 17th Scientific Assembly in Boston, Massachusetts, September 25-27, 1987. For more information, contact: ENA 230 E. Ohio, Chicago, IL 60611 or call (312) 649-0297.
- The Florida Heart Institute is sponsoring "Emerging Trends in Critical Care—1987," October 7-9, 1987, at the Crowne Plaza Hotel in Orlando, Florida. For information, contact: Rick Mece, Executive Director, Florida Heart Institute, 500 E. Rollins, Suite 101, Orlando, Florida 32803.
- The ANA Council of Nurse Researchers Conference is sponsoring the 1987 International Nursing Research Conference, October 13-16, 1987, at the Crystal Gateway Marriott in Arlington Virginia. To register contact Marketing, ANA, 2420 Pershing Road, Kansas City, MO 64108.
- The Royal College of Nursing's Major International Conference on improving the quality of nursing care will be held November 2-4, 1987, at the Royal Lancaster Hotel, London.
- The Southern Council on Collegiate Education for Nursing's Seventh Annual Research Conference will be held December 3-4, 1987, at the Terrace Garden Inn in Atlanta, Georgia. For information contact the Council at 592 Tenth Street, NW, Atlanta, GA 30318-5790.

Call for papers/abstracts:

- The University of North Carolina at Chapel Hill is seeking summaries of research on key aspects of comfort such as management of pain, fatigue and nausea for presentation at a conference in Chapel Hill, March 24-26, 1988. Deadline for submission is October 1, 1987. Contact: Ruth Wiese, Project Manager, School of Nursing, Carrington Hall 214-H, Chapel Hill, NC 27514 or (919) 966-2263.

New Publications/Resources:

- *Health Policy Agenda for the American People.* The summary report is available for $12 from the Health Policy Agenda for the American People, P.O. Box 10946, Chicago, IL 60610-0946 or 1-800-621-8335.
- NAACOG has published a nine-segment series entitled, the *Professional Liability Series.* Copies are available for $20 plus $2 postage and handling from NAACOG Publications, 600 Maryland Avenue, SW, Suite 200 East, Washington, DC 20024.

Legislative pace quickens

(from page 4)

NCNA voiced two primary concerns. First "*adequate* care or treatment" is vague. If nurses or other health care providers are to be held accountable (or else criminally prosecuted) for "adequate care or treatment," the question arises, "By what standard" The facility's standard? The licensing standard? Or even the patient's family's standard? Numerous standards of care exist . . . what is "adequate care?"

Secondly, the bill should provide a reasonable mechanism to deal with suspected cases of abuse or neglect. We feel that it is reasonable to expect that health care providers are protected (in as much as possible) from false or malicious accusations and the resulting warrant for arrest.

In the original bill, a magistrate could issue a warrant for arrest based on a reported violation with no effort to verify the accusation. Health care provider groups sought an agreement that criminal process for a violation would be issued only upon the request of a prosecutor. This would assure that some effort is made to evaluate the legitimacy of the reported violation.

At the time of writing this report, NCNA lobbyists are evaluating a revised bill draft which appears to satisfy the two concerns identified above. This bill is expected to be considered in the House Judiciary 3 Committee very soon and its progress will be reported in future issues of the *Tar Heel Nurse.*

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Bills have been introduced in both chambers to "appropriate funds to train public health nurse supervisors, staff and community health aids." SB 392 and HB640 have been assigned to the Committee on Appropriations. Both bills call for appropriation of $50,000 in each year of the 1987-89 biennium for the cited purpose. NCNA supports this legislation. Calls or letters to members of the Committee on Appropriations in both the House and the Senate would be appropriate at this time.

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HB246 was introduced on March 18 by Representative Casper Holroyd. The bill proposes to increase the population criterion to 425,000 for counties that seek to expand county commissioners' authority over local boards. This is an issue the association has been tracking for more than 2 years. You may recall that a study committee was appointed in 1985 to study the issue of county commissioners' authority over local boards of health, social services and mental

(continued on next page)

Focus on Districts

by Joy Reed

May is always an exciting time for districts as many elect new officers, recognize outstanding nurses, honor graduating nursing students, or treat themselves to an annual "feast." When one adds the activities associated with Nurses Day, the district's year "ends" on a hectic but positive note, as most districts do not meet during the summer months.

District 5 ended the year with a "soap box meeting"—any nurse could request three expound on a nursing issue or personal viewpoint. Other districts finished up with dynamic programs, such as "Using Nursing Research in Clinical Practice" (District 22) or "Nursing: The Dream—The Reality" (District 20). District 12 will meet in June and hold an auction as a district fundraiser.

The summer months are usually a time of getting organized and oriented for the many new district officers across the state, especially in districts which do not already have a president-elect system in place. In order to facilitate this orientation process, NCNA will hold District Leadership Day on June 22, 1987. All district officers, new and experienced, are strongly encouraged to attend. Since all NCNA commission and committee chairmen and the Executive Committee have been asked to attend and share information on the activities and issues being addressed by their structural unit, the meeting will be held at the Brownestone Hotel to accommodate the large crowd. The theme for the day is "People Power" and will focus on making the most of what we have. The activities of the day will include a luncheon with opportunity for networking and a brief address by new Executive Director, Clare LaBar.

The Council of District Presidents will meet in conjunction with Leadership Day, but informative sessions for other officers will be held concurrently so as many district officers as possible should attend. Come and meet your peers from across the state, exchange ideas and pool your creative energies—get the POWER necessary to move your district and NCNA forward.

Steering Committee

#2—The Steering Committee met on March 20 and on May 8, 1987.

During the March meeting, the committee reviewed the Tri-Council Document on Titling and Licensure and the materials for the program, "Entry Into Practice: Do You know the Facts?," developed by the Commission on Education. The charges and list of persons to be asked to serve for the task force were finalized. The committee confirmed that this column will be the vehicle for sharing information and can be duplicated and used with proper acknowledgement by other groups to disseminate information. The committee met with the Commission on Education to request that the commission accept leadership for the Task Force on Nursing Constituencies.

During the May meeting, reports were given on the two task forces that had held their first meetings. The External Constituency Task Force met on May 7. The group reviewed the charge and developed an initial plan for completing its charge. The group also identified additional individuals to be asked to participate on the task force. The next meeting of this group is scheduled for June 25.

The Cost Analysis/Fund Raising Task Force also met on May 7. The group had a similar agenda—reviewing the charge and developing an initial plan to accomplish the charge.

The committee received an update on meeting dates and consents to serve received for the other task forces. All of the groups should have held an initial meeting by mid-June. The Steering Committee requested that the chairs of the task forces meet on a regular basis to facilitate communication and joint planning and that a special fund be established within NCNA for voluntary contributions to assist in providing financial support for these activities.

In looking ahead to the 1987 convention, the committee requested that the Commission on Education present their program on entry, currently being presented to districts, at the convention. Members of the Steering Committee will be present to facilitate discussion. In addition, the committee agreed to hold a special forum on Steering Committee activities. The committee will provide a summary of activities thus far and use the forum as an opportunity to answer questions about committee activities from NCNA members.

The next meeting of the Steering Committee is scheduled for August 19, 1987.

The charges and current membership for each task force will be published in the next column.

NURSES keep the Care in Health Care!

Legislative pace quickens

(from page 5)

health. HB246 is introduced as the recommendation from that study committee. It is a compromise position which will allow Mecklenburg County to continue under their current structure with the county commissioners holding the power and authority granted to local boards in all other N.C. counties.

NCNA supports HB246. Even though it is a compromise, it seems to be the most workable solution at this point.

The measure passed through the House Judiciary 3 Committee on April 9 after much debate. NCNA spoke in support of the measure, as did legal counsel for the N.C. Public Health Association and a representative from the Boards of Health. Primary opposition came from the Association of County Commissioners. Later the bill passed second reading on the House floor by a vote of 66 to 30 and then went on to pass third reading. The measure was sent to the Senate and will be considered by the Committee on Human Resources.

Multiply Membership

ANA Standards of Maternal-Child Health

NURSING PRACTICE: ISSUES AND IMPLICATIONS

AUGUST 4, 1987
9:00 a.m. Registration
9:45 a.m. - 4:00 p.m. Program

BROWNESTONE HOTEL
1707 Hillsborough Street
Raleigh, N.C.

PURPOSE: To familiarize maternal-child health (MCH) nurses with the *ANA Standards of Maternal-Child Health Nursing Practice* and the implications of these standards on the practice of MCH nurses in the workplace.

WHO SHOULD ATTEND? Registered nurses practicing in any MCH setting.

WORKSHOP DESCRIPTION: During the one day workshop, participants will hear nurses representing various clinical settings and roles which address compatibility and conflict issues associated with MCH nursing standards, their level of practice and work setting requirements.

OBJECTIVES: Upon completion of the workshop each participant will be able to:

- ☐ differentiate practice standards from law, rules and regulations;
- ☐ examine compatibilities and conflicts with role expectations, work setting requirements and ANA standards;
- ☐ discuss the legal and practice implications of the ANA standards with regard to accountability for maternal-child nursing;
- ☐ develop strategies to utilize ANA standards in personal work situations.

PARTICIPANT PREPARATION: Participants will receive a confirmation of registration with a copy of the *ANA Standards of Maternal-Child Health Nursing Practice*. Participants are requested to read the standards prior to the workshop.

FACULTY

Joan Robie, MSN, RNC
Perinatal Outreach Education Coordinator
Bowman Gray School of Medicine, Winston-Salem, N.C.

Rhonda Gurtis, RN
Neonatal Clinical Nurse Specialist
Pitt County Memorial Hospital, Greenville, N.C.

Janet Hutchins, RN
Risk Management Consultant
N.C. Hospital Association Trust Fund
Raleigh, N.C.

Sharon Uhryk, RNC
Nurse Manager, Labor and Delivery
Moore Memorial Hospital, Pinehurst, N.C.

Betty W. Wallace, MSN, RN
Pediatric Nurse Practitioner
Owner and Director, Professional Nursing Service and Coastal Pediatric Care, Morehead City, N.C.

HOTEL ACCOMMODATIONS: A block of rooms will be held for August 3 at the Brownestone Hotel until July 20—at a rate of $50 (single) and $60 (double). Make reservations directly with the hotel by calling (919) 828-0811.

CREDIT: NCNA is accredited as a provider of continuing education for nursing by the Eastern Regional Accrediting Committee of the American Nurses' Association. Participants will receive 6 contact hours for attending the entire program.

CANCELLATION POLICY: NCNA reserves the right to cancel it attendance is inadequate to cover expenses associated with workshop production. Cancellation by participants within 48 hours of workshop will not be eligible for refund.

REGISTRATION DEADLINE: July 21, 1987

Pre-Registration Form

ANA Standards of Maternal-Child Health Nursing Practice

Name _____ Phone (h) _____ (w) _____

Address _____

Employer/Position _____

Registration fee enclosed (please check appropriate category) ☐ $40 NCNA Member ☐ $50 Non-Member

Registration fee includes a copy of the *ANA Standards of Maternal-Child Health Nursing Practice*, lunch, and workshop materials.

Make check payable to NCNA and mail with registration form to: NCNA, P.O. Box 12025, Raleigh, NC 27605
Registration deadline is July 21, 1987.

Position Statement
Problems Related To The
Recruitment, Utilization, and Retention of Professional Nurses

STATEMENT OF CONCERN

Over recent months various media sources have focused on a "nurse shortage" which has been attributed to problems in attracting students to enter the profession, problems in recruitment of nurses to certain care settings (hospitals in particular), and problems of retention of nurses in the workplace. While a variety of causes for this situation have been cited, and numbers of solutions suggested, it is important to recognize that the problem is not a new one—nor was it unanticipated.

BACKGROUND

When the first National Commission on Nursing met in August, 1967, a portion of its mandate was to address the dilemma of the supply and demand of nurses. At that time the media was reporting critical shortages of nurses in hospitals resulting in the closing of wards and services. In 1970, when the Commission released its report and recommendations, one prominent conclusion was that "improving the economic and social satisfactions of nursing might quickly relieve the shortage of nurses by returning to the man-power pool some of the hundreds of thousands of individuals who had retired from active careers." (Lysaught, 1974, p. 6)

The second National Commission on Nursing released its report in late 1981. The nursing practice section of this report stressed the need for organizational structures in health care agencies to accommodate nurses as professionals and clearly states that "changes in organizational structures are essential" in order to improve patient care and nurse job satisfaction. (National Commission on Nursing, 1981, p. 23) Specific recommendations from *this* study include an "organizational climate conducive to professional nursing practice and effective management of the nursing resource."

The Institute of Medicine and two National Commissions on Nursing, after their careful studies of nurse manpower problems have agreed that "employers bear major responsibility for improving the retention and satisfaction of nurses." (Aiken, 1983, p. 1443)

In the Magnet Hospital Study, published in 1983, the American Academy of Nursing focused its attention on issues related to the shortage of nurses in hospitals. This study sought to understand the characteristics of those hospitals which were successful in attracting and retaining nursing personnel.

The Magnet Hospital Study identified organizational variables that have "promoted the nursing staff's job satisfaction, with accompanying fulfillment of both professional and personal needs." In short, "magnet" hospitals attract nurses and keep them.

In North Carolina in 1984, a survey conducted by the North Carolina Nurses Association indicated that the factors singled out by the studies cited above were highly relevant work setting features sought by North Carolina nurses. Ninety-five percent or more of the nurses responding to a published questionnaire indicated that it was important to them that their work setting possess these characteristics.

A 1986 study conducted by the American Organization of Nurse Executives showed that more than 90% of the hospitals surveyed reported that they were trying to recruit Medical-Surgical Nurses and 80% were trying to recruit Intensive/Critical Care Nurses. Eighty-seven percent of the hospitals reported needing at least sixty days to recruit to fill these positions. Hospitals reported twice as many openings for nurses in 1986 as in 1985.

NCNA POSITIONS

It is the position of the North Carolina Nurses Association that:

...the concerns of attraction to nursing as a career choice, recruitment into the work force, and utilization and retention of nurses are directly related to issues and problems which exist in the settings where nurses are employed;

...the environment for professional practice directly affects the supply of nurses available to meet the health care needs of today's consumer; and

...employers of nurses must make the changes necessary in that environment to stabilize the work force, save recruitment and orientation costs, and avoid the devastating impact of high turnover and inadequate staffing.

The North Carolina Nurses Association believes that critical changes must take place. Employers must assure:

...sound personnel policies that support a relationship between the nurse and the employing agency which respects individuals and the professional Code of Ethics and nursing practice standards;

. . . participative management models in which nurses at all levels have direct input into the decisions affecting nursing practice;

. . . nursing representation at the highest level of management by a nurse executive who is educationally and experientially prepared for the position;

. . . provisions for professional development and career advancement in administration, education, and clinical practice; and

...an atmosphere which encourages and facilitates the identification and systematic investigation of nursing practice problems by nurses.

The employer of nurses must recognize that nurses should have authority over their own clinical practice. The primary frustrations reported by nurses in staff positions involve inappropriate nursing workload in relation to patient volume and acuity (and the process of decision making in determining these workloads), inappropriate nursing assignments, and the volume of non-nursing functions frequently relegated to the registered nurse.

The solution to these concerns rests in the participation of the front line nurse in any decisions directly related to patient care. Accomplishment of this solution can be expected to have a positive impact on recruitment into the profession as well as to particular settings, and retention in the workplace. This outcome will ultimately improve the quality of health care services to the community.

CONCLUSION

The factors dealt with in this statement are critical elements in the nurse shortage problem. It is important to stress the responsibility of each individual nurse to promote and utilize opportunities to develop and support the components of work settings that are conducive to professional nursing practice and therefore the best possible patient care.

Approved by the NCNA Board of Directors, May 1, 1987.

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Aiken, Linda. Nursing's future: public policies, private actions. *American Journal of Nursing*, October, 1983, pp. 1440-1444.

American Academy of Nursing. *Magnet Hospitals: Attraction and Retention of Professional Nurses.* Kansas City: American Nurses Association, 1983.

(continued on next page)

NEWS NOTES FROM:

Primary Care Nurse Practitioner Conference Group

Joyce L. Nixon, Chairman
Primary Care Nurse Practitioner Conference Group

In the midst of our busy day of gathering data, assessing health related situations, laying on hands, diagosing, prescribing, teaching, counseling, following up, researching and administrating, let us not forget that the hand of politics rules the world and unless we pay attention to the political arena and act and react appropriately and promptly, all our skills and abilities could become yesterday's work, with no certainty of tomorrow.

Astuteness in the world of legislation is just as important as knowing the latest clinical recommendations. From time to time I hear from NPs who feel that time spent discussing legislative matters at our conferences is time that could or should be spent updating clinical education/skills. A typical comment may be that "legislative discussion is good, but it doesn't put bread on the table." I conclude, however, that legislative wisdom not only affects our *putting* bread on the table in good style, but also keeps someone else from *taking* the bread from our table while, at the same time, assuring the public of quality bread making. The certainty of practice for a NP, as for all nurses, lies in keeping an eye on "unhealthy" legislation. We must constantly guard against those laws which would compromise the public's health and we must ascertain that the role of the NP is not undermined. We must also guard the roles of our colleagues in other areas of nursing practice, because, frequently, as goes one area, so go we all.

I encourage each of you to keep abreast of the local, state, and national legislative action, so as to lobby appropriately for ourselves and our clients.

We are fortunate to have an administrative staff at NCNA who lobby very effectively. We are also fortunate to have those various nurses across the state who keep in touch with the legislators and help guide health care decisions.

Do you subscribe to NCNA's *NURSES NOTES from the Capital* and/or ANA's *Capital Update?;* or will you be one of those who someday will say, "I wish I had so that I might have affected a particular health care related law." Real World 101 knows that political clout is absolutely essential to survival of one's goals and objectives professionally.

It is not inconceivable that there are those politically talented NPs who at some point may decide to run for the Senate or House of Representatives. This then will give nurses a stronger base for legislative action. We've come a long way and a long way to go yet. Let's make sure we educate ourselves as to all aspects of the journey.

ACTIONS OF THE BOARD

The Board of Directors took the following actions at a meeting on April 3, 1987:

- Approved a teaching module developed by the Membership Committee titled "Professional Development: Issues and Trends Module."
- Submitted suggestions to the American Nurses' Association to use in selecting item writers for the general nursing practice and school nursing certification examinations.
- Directed that a letter be sent to Boston University's Board of Trustees expressing displeasure at the proposal to close the Boston University School of Nursing.
- Voted not to apply for professional association liability insurance coverage from the ULICO Casualty Company and directed staff to continue to explore cost effective methods of acquiring association liability coverage.
- Voted to approve a recommendation of the Continuing Education Provider Unit that NCNA endorse the CHAPS Center workshop on Adult Children of Alcoholics.
- Appointed Kim Gillow, RN, to the Peer Assistance Program Committee.

At its May 1, 1987 meeting the Board took the following actions:

- Approved a recommendation of the Finance Committee that NCNA proceed with the establishment of a foundation.
- Approved the 1987 NCNA Convention program and fee schedule as presented by the Convention Program Committee.
- Approved a Position Statement on Problems Related to Recruitment, Utilization and Retention of Professional Nurses, as amended.
- Approved an application from the Psychiatric/Mental Health Nurses in Advanced Practice to form a council.
- Received an application for council formation from the Diploma Forum and decided to return application back to the Diploma Forum based on incongruency with NCNA's position on entry into practice.
- Approved "Operating Guidelines for the Council of Primary Care Nurse Practitioners" with the proviso that individualized work groups not be staffed.
- Voted that NCNA not purchase group professional liability insurance for its Board of Directors and staff at this time.

Position Statement - from page 8

American Hospital Association. *Report of the 1986 Hospital Nursing Supply Survey.* Prepared by the American Association of Nurse Executives. Chicago: The Association, 1986.

Billings, Carolyn and Miriam Quick. Does your job work for you? *American Journal of Nursing,* April, 1985, pp. 407-409.

Lysaught, Jerome, (ed.). *Action in Nursing: Progress in Professional Purpose.* New York: McGraw-Hill, 1974.

National Commission on Nursing. *Initial Report and Preliminary Recommendations.* Chicago: The Hospital Research and Educational Trust, 1981.

North Carolina Nurses Association. *Minimum Employment Standards for Registered Nurses.* Raleigh: NCNA, 1986.

North Carolina Nurses Association. *Guidelines for the Registered Nurse in Giving, Accepting, or Rejecting a Work Assignment.* Raleigh: NCNA, 1986.

Quick, Miriam and Carolyn Billings. North Carolina nurses speak out. *Tar Heel Nurse.* January-February, 1984.

NORTH CAROLINA NURSES ASSOCIATION

Statements of Assets, Liabilities and Fund Balance Arising from Cash Transactions

ASSETS	December 31, 1986	December 31, 1985
Cash and investments:		
Cash and cash equivalents	$118,037	$ 52,128
Term accounts, maturing in more than one year	27,000	31,997
	145,037	84,125
Property, plant and equipment, at cost (no depreciation taken):		
Land (pledged as collateral on mortgage payable)	51,000	51,000
Building (pledged as collateral on mortgage payable)	193,168	193,168
Furniture and fixtures	48,296	45,375
Capitalized lease equipment	4,082	4,082
	296,546	293,625
Loans receivable	8,700	7,000
	$450,283	$384,750

LIABILITIES AND FUND BALANCE	December 31, 1986	December 31, 1985
Mortgage payable (payable to an insurance company in monthly installments of $1,119, including interest at 9½%, final payment due January, 1995)	$ 74,897	$ 80,897
Obligation under capital lease	3,283	3,852
Fund balance	372,103	300,001
	$450,283	$384,750

Statements of Cash Receipts and Disbursements Years Ended December 31, 1986 and 1985

CASH RECEIPTS:	Total 1986	Total 1985
Revenues received:		
Memberships	$213,697	$129,146
NCNA conventions	50,050	50,203
Workshops and conferences	19,176	21,967
Rent	19,130	19,433
Continuing Education Recognition Program	13,672	7,210
Interest and dividends	12,057	7,400
Advertising and subscriptions—*Tar Heel Nurse*	6,323	1,879
ANA Delegate Fund	5,676	3,115
Miscellaneous	5,740	4,964
Sale of membership lists and merchandise	4,706	
Donations	4,472	3,051
Fundraiser	1,283	1,284
Special project funds		9,651
	355,982	259,303
Other receipts:		
Monies collected for others	4,879	
Transfers from funds	2,475	
Loan repayments	1,300	1,550
	8,654	1,550
TOTAL CASH RECEIPTS	364,636	260,853
CASH DISBURSEMENTS:		
Expenses paid:		
Personnel costs	122,095	117,107
General and administrative	49,940	36,375
NCNA conventions	26,592	27,673
Repairs and maintenance	15,690	11,203
Workshops and conferences	14,200	15,042
Printing and postage—*Tar Heel Nurse/ Legislative Bulletin*	13,333	17,937
Utilities	11,016	10,098
Legislative program	10,757	913
Mortgage and lease interest	8,104	8,155
ANA convention delegates	5,784	4,714
Membership promotion	3,181	3,092
Contributions to campaigns	2,300	1,810
Continuing education approval unit	888	
Special project funds		4,725
	283,880	258,844
Other disbursements:		
Mortgage principal	$ 6,000	$ 5,458
Monies disbursed for others	4,879	
Loans to students	3,000	550
Furniture and fixtures	2,921	8,110
Transfer to operating fund	2,475	
Capital lease obligation payment	569	230
	19,844	14,348
TOTAL CASH DISBURSEMENTS	303,724	273,192
CASH RECEIPTS OVER (UNDER) CASH DISBURSEMENTS	60,912	(12,339)
CASH AND INVESTMENTS—JANUARY 1	84,125	96,464
CASH AND INVESTMENTS—DECEMBER 31	$145,037	$ 84,125
CASH AND INVESTMENTS CONSIST OF:		
Cash investment account	$ 8,103	$ 8,133
Certificates of deposit	27,000	23,000
Savings	17,046	18,416
Mutual funds (reserve)	12,898	14,084
Money market fund	10,511	3,597
Checking	69,479	16,895
	$145,037	$ 84,125

NURSE TO NURSE

By Carolyn Billings, Chairman
Commission on Member Services

Some time ago I called on a nurse colleague for some information to help me with a nursing issue problem. She referred me to a resource which had been sitting on my bookshelf for some time. In this busy "information explosion" world, this can happen easily. So much paper crosses our desk, lands in our mailbox, slides into our space from one source after another that we seldom have time to scan it all, much less actually process it.

Perhaps that's why I want to call to your attention certain pieces of information which may have crossed your path but escaped your notice. If you are a nurse at the front line of nursing practice, this is material which has been created with you in mind. It is also material to which, if you are an NCNA member, you have easy access since it has appeared in the *Tar Heel Nurse* within the last two years.

The first item that I want to encourage you to read closely appears in this issue. It is the most recent position of the Association on the problem that you most frequently raise when you are listing your practice frustrations...the so-called "shortage" of nurses which affects the manpower supply in your work setting. The document entitled: *A Position Statement on Problems Related to the Recruitment, Utilization, and Retention of Professional Nurses*, specifically advocates for the nurse to have control over her/his own nursing practice including decisions with regard to staffing patterns based on volume and acuity of patients. It will be widely circulated and used as a basis for dialogue with various health care employment settings with regard to "nurse-shortage" problems which they are experiencing. This statement deserves your careful reading.

Another item of particular interest to employed nurses in both staff and management positions is the *Guidelines for the Registered Nurse in Giving, Accepting, or Rejecting a Work Assignment* which was published in the 1986 March-April issue. This has become a valuable tool which nurses are using to help them to make important decisions about the critical legal and ethical dilemmas generated by today's social and economic climate in health care. The guidelines were written in support of nurses as they struggle with conflicting expectations and offer clear and concise procedures to utilize in these situations. The companion document to the Guidelines appeared in the May-June issue of THN in 1985. The *Minimum Employment Standards for Registered Nurses* is an updated publication of employment standards which have been circulated by NCNA over the years. This new version contains standards relating to professional requirements derived from the many studies about work setting climates which attract and retain professional nurses.

Finally, please take note of the Position Statement published in the September-October, 1986 issue. This statement is titled: *The Role of the Registered Nurse in Utilizing Unlicensed Personnel.* It serves as a reminder and a guide to help nurses to remain in compliance with the Nursing Practice Act, in order to protect our nursing licenses, and to provide the appropriate level of care to the patients/clients we serve.

When I am talking with nurses from different areas of our state they frequently ask questions which are already well answered by association resources. Sometimes the answers to our concerns and our questions are actually within our reach. Many of the problems with which we struggle have already been addressed by our professional colleagues. There is a great deal of help available to us in the documents, standards, and statements published by our NCNA and ANA. It pays to notice them.

Nurses caught in liability insurance crunch - from page 1

Another new change deals with the dollar amount of coverage. Nurses will no longer have $1 million per incident/$3 million maximum per year in coverage. The $3 million maximum coverage has been discountinued because of high reinsurance costs and the fact that nurses have never experienced the claims necessary to justify such a high limit. Under the new changes, nurses will be offered the choice of having coverage amounts of $200,000/ $600,000 FOR between $57 and $399 annually; $500,000/$1,000,000 for between $68 and $476 annually; or $1,000,000/$1,000,000 for between $79 and $553. The premium amount depends on the individual nurse's class.

A second area of concern is that the last insurance company in the country that was accepting all types of new nurse practitioner applicants has announced that it will refuse any new business in this area.

Effective immediately, the Chicago Insurance Company, (underwriter for the Maginnis liability insurance program), will accept no new applicants seeking coverage as nurse practitioners. Current insured nurse practitioners will be given an opportunity to renew their policies *for one year* and be fully covered for their nurse practitioner activities at what the insurance company calls an "appropriate premium"— $1,500 for $1,000,000/$1,000,000 coverage—a premium 25 *times* the present amount.

According to a recent statement issued by the Chicago Insurance Company, the company is getting out of the business of covering nurse practitioners because nurse practitioners are practicing in an expanded registered nurse role. This expanded role, they say, will probably mean an expanded risk. However, their recent statement says their decision is not based on "the analysis of loss (they have) sustained for this and other catergories of nurses."

The claims experience of nurse practitioners has not been high. From a representative pool of 3400 nurses, Chicago Insurance Company made payment on only 21 claims in the last 4 years for which figures are available. The average claim was only $39,000 against a policy which guaranteed them $1,000,000 of coverage per incident.

According to ANA, there are about 30,000 nurse practitioners in the U.S., making an average of $26,000 per year. North Carolina has approximately 450 nurse practitioners. They may be unable to practice if they cannot secure coverage at an affordable rate. Although some nuse practitioners are covered by the policy of the health maintenance organization or facility that they work for, many are not.

NCNA is working with Commissioner of Insurance Jim Long on these concerns. Commissioner Long has expressed his desire to facilitate resolution of the situation. We will continue to work with his office on behalf of N.C. nurses.

Changes in the Maginnis plan are seen as reflective of a nationwide upheaval in professional liability insurance coverage for nurses. With the help of the state nurses' associations, Maginnis and Associates, and other nursing organizations, ANA will continue to work for fair premiums for all registered nurses, and will continue its search for nurse practitioner coverage.

Nurses speak out

We're trying something new. We hope that **Nurses speak out** will become a regular column for the *Tar Heel Nurse,* a column allowing nurses to communicate to their peers thoughts on current health care issues. This first column is submitted by **Melanie Lewis,** RN, of Dunn. Melanie is the Director of Nursing at Betsy Johnson Hospital and an active member of NCNA District 14. This premier of **Nurses speak out** focuses on Melanie's concern about the rising cost of health care, the issue of catastrophic illness and nursing's responsibility to impact related public policy.

Are there current health care issues that you would like to **speak out** about? Share your thoughts with your peers through the **Nurses speak out** column.

The rising cost of health care has created a great deal of concern on the part of the consumer, the provider and our legislators. National health expenditures have almost tripled in the past 34 years. In 1986, Medicare and Medicaid together were the fourth largest item in the federal budget. These two programs consume one third of all direct federal spending. The cost crisis extends to the private sector as well. From 1978 to 1984, corporate spending for medical care doubled.

To compound the problem, the U.S. population is aging rapidly. By 2030 it is predicted that there will be more retired people than working people; by 2040, it is estimated that 17.9% of the population will be 65 years of age or over. Health care for elderly people costs 3.5 times more than for younger people.

Along with, and often times blamed for the tremendous rise in health care costs, have come advances in medical technology which can prolong life and drugs such as hypertensive drugs that can control diseases that if left untreated or uncontrolled lead to strokes, heart attacks and other cardiovascular diseases which cause nearly a million deaths per year at a cost of $70 billion.

Health and Human Services economists estimate that nearly three million patients under age 65 pay more than $5,000 a year out of their own pockets for medical bills after insurance. Some forty million people in the United State have inadequate or no health insurance. Of the 28 million on Medicare, 800,000 pay more than $2,000 a year out of their own pockets for hospital and doctor bills. In 1985, 1.4 million people required long-term nursing care which cost $32 billion. The average cost per individual was $22,000. Private insurance covers only about 2% of this cost and the average length of stay is thirty months. Looking at these facts, I asked myself how are we going to provide the care that these people will require?

Medicare, the government health program for the 28 million people over 65 years of age, is not designed to cope with the cost of catastrophic illness. Medicare pays less than the full cost of the first 150 days of hospitalization and nothing after that. Medicare patients pay at least 20% of their doctor bills. Outpatient prescription drugs, extra physician charges, eyeglasses and dental costs are not covered.

Medicaid, the state administered health program for the poor, only helps out after patients exhaust their financial resources. State eligibility standards are below the poverty level ($300 a month maximum allowable income for a couple and $2,250 the maximum allowed for other assets). This leaves a lot of people ineligible for Medicaid.

The catastrophic illness issue affects not only people without insurance but also those who have insurance that does not cover catastrophic events. Fear of these high acute care costs has prompted more than 70% of the people on Medicare to purchase private Medigap insurance to pick up the acute care costs Medicare won't cover. Critics of these policies state that many of them don't give the elderly enough value for the money. The average cost is $500 a year. They also say that the Medigap policies usually provide only short-term coverage.

Federal initiatives

In late 1985, this situation began to attract a lot of attention. President Reagan took a personal interest in the problem. In his State of the Union Address of January 1986, President Reagan ordered the Department of Health and Human Services to conduct a year-long study of ways the public and private sector could address the problem of catastrophic care, including long-term care and care for those under age 65.

In February 1987, President Reagan proposed to Congress a plan based on Dr. Otis R. Bowen's, Secretary of the Department of Health and Human Services, recommendations. Representative Robert H. Michael introduced the bill (HR1245). This plan would provide unlimited hospital days up to a year for Medicare recipients and would limit their out-of-pocket costs to $2,000 annually (in copayments and deductibles) for Medicare covered services. This extended coverage would be optional and would cost an additional $4.92 per month for Medicare Part B in 1987. The current premium is $17.90. The premium would rise annually based on the inflation rate. It also proposed working with the private sector to educate the public about the risks, costs and financing options available for long-term care. It directed the Treasury Department to study personal savings for long-term care through a tax-favored individual medical account combined with long-term care insurance. It also directed the Treasury Department to study development of the private long-term care insurance market through tax incentives for purchase of this coverage by individuals or employers. The plan encourages states to require catastrophic coverage be offered in all employment-related insurance. It also encourages state risk pools to subsidize insurance for those whose medical condition makes insurance prohibitively expensive. This bill was referred to the House Energy and Commerce Subcommittee on Health and Environment and the House Ways and Means Subcommittee on Health. As of May 8, 1987, no action had been taken.

Even though the Reagan Administration proposed this bill to help ease the burden on the elderly and their families, health care experts, social workers, Congressmen and the elderly themselves say it is too little.

Critics speak out

Conservatives criticized the plan because they felt it was an unnecessary expansion of big government at the expense of the private sector. They argue that it will cost the government money. Dr. Bowen argues that it will be self-supporting. However, conservative groups are concerned that Congress may start adding benefits to the basic formula which will increase costs.

Insurance industry critics say it is not useful because it does not cover long-term care or address the problem of the poor. The Health Insurance Association of America says the plan fails to address the real cause of financial catastrophy for the elderly which is custodial nursing home care. They argue that the private sector can do as well as this plan. However, only sixteen companies sell policies that cover catastrophic hospital and long-term care costs to the same extent as the proposed program.

Commercial health insurance companies fear the plan will destroy their Medigap industry. However, 20% of the elderly cannot afford these policies and don't qualify for Medicaid.

Representatives of the AARP, the American Association of Homes for the Aging, the National Council of Senior Citizens, and the AHA's Society for Hospital Social Work Directors—all have expressed concerns about the proposal. Our American Nurses Association said President Reagan's plan was a step in the right direction but does not go far enough.

Members of Congress have also criticized Dr. Bowen and President Reagan's proposal. They feel it is too limited. As a result, numerous bills have been introduced to address the gaps they see in the Reagan plan. Some of these would expand Medicare coverage, provide catastrophic health insurance, make contributions to long-term care savings accounts tax-deductible, and ban spousal impoverishment for Medicaid eligibility. I stopped counting in April when the number of bills reached the teens (These were HR 1280, HR 1281, HR 65, S 210, HR 406, HR 200, H784, S 454, S 754, S 774, HR 1760, HR 1762, HR 1711, and HR 1776.) One person cannot keep

up with all the legislation introduced but together we can. For example, nurses in the district could be assigned to follow a certain bill and report to the other nurses in that district. The only bill that seems likely to be voted on soon is HR 1280 and HR 1281 which were co-sponsored by Representative Fortney "Pete" Starke. These would be financed by having beneficiaries with incomes of more than $10,000 a year pay a tax on the actuarial value of their Medicare benefits. This value is based on statistical calculation of their life expectancy. Beneficiaries would add this amount, estimated to be $1,770 in 1988, to their adjusted gross incomes in determining their tax bills. Under this legislation, beneficiaries would pay just one hospital deductible per year and out-of-pocket costs for physician services would be limited to $1,000. The bill's Part A coverage would add 50 days to Medicare coverage of skilled nursing care and would reduce coinsurance requirement for skilled nursing care to 20% of the national coverage for Medicare day stay in a skilled nursing facility. Annual increases in the deductible and physician expense limit would be based on increases in the cost of living. Limits on the number of days of acute hospital stay and coinsurance requirements after sixty days of inpatient care would be eliminated with this legislation. HR 1280 is in the Ways and Means Full Committee; consideration and markup was held on 5/6 and 5/7 but it had not been reported out to the full House as of May 8, 1987. HR 1281 was still in the Energy and Commerce Subcommittee on Health and the Ways and Means Subcommittee on Health; consideration and markup was held on 5/6.

Need for action from nurses

So what does this mean to nursing? Why should we be concerned? We are all part of that aging population. I, along with many of you, will have to live or "exist" on a small fixed income when I retire. Will we be able to pay for the medical care we need, want, and have come to expect? As nurses, we provide care for the elderly now who are on many drugs for their chronic illnesses. Do you know how much these cost? Have you even thought about it? As you know, many people are on numerous medications. Some of these people have to do without necessities (either food or medication) in order to have the other. It is wonderful to have the drugs to treat many diseases that in the past would have killed the patient, but is it not also tragic that people must choose between food or drugs or in some instances not even be able to choose. Joe Graedon, writing for the *Greensboro News & Record*, put it well when he said, "the extraordinary medical advances of the last hundred years are meaningless if people can't afford to take advantage of them." When we chose this profession, nursing, we took on the role of patient advocate. Or, as Florence put it, "to devote myself to the welfare of those committed to my care." Therefore, we have an obligation to speak out on these issues, to study the proposed pieces of legislation, discuss them with our district members, and individually, and as a group contact our legislators and the chairmen of the committees to which the bills we support have been sent to let them know how nurses feel about the proposed legislation.

It is apparent that this 100th Congress and President Reagan are concerned about health care and the cost to the individual and families. I am pleased to see this but agree that President Reagan's proposal does not address the most serious threat to the elderly; nor does it address the problem of financial impoverishment in individuals who are not eligible for Medicare. It does not do anything for people who need long-term care in nursing homes or at home. The cost for this is very expensive and is rising continuously. It does not cover prescription drugs, eye exams or dental care. The $2000 ceiling is a large amount for people living on low incomes such as Social Security benefits. Presently 42% or 11.5 million of the elderly are poor or economically vulnerable. It does not apply to any doctor fees above levels defined as reasonable by Medicare, yet many doctors say the government defined level is too low and charge much more. It also does not provide any coverage for people under 65 years of age who are faced with the bills from a catastrophic illness.

Bills introduced by Representative Pepper (HR 65), Representative Bonker (H 784) and Senator Dole (S 754) which offer coverage for home care, nursing home care and prescription drugs, eye, dental and physical examination address the real financial threat to the elderly because this is where the largest number of dollars are spent. Representatives Waxman's bills (HR 1711 & HR 1760) are important also because they address part of the problem of Medicaid eligibility and do add catastrophic coverage to Medicaid.

We as nurses must rely on our legislators to promote our views and beliefs on the best way to address this problem in the elderly and those others under 65 who face financial hardship as a result of catastrophic illness. Many groups have expressed their viewpoint. Now it is time, actually past time, for nurses as patient and family advocates and health care providers to express ours. It is time to use our personal, professional and organizational power and political skills to influence public policy on the issues here discussed.

A message to members

Dear Colleagues,

In a recent issue of Focus On Critical Care, Sandi Dunbar, RN, DSN, President of the American Association of Critical Nurses, reminded nurses of the need to "Honor Our Own." I would like to share her words with you and urge you to consider contributing to this worthwhile cause.

The contributions and sacrifices of nurses during times of strife cannot be overstated. During the Vietnam War, as a result of technological improvements in evacuation and resuscitation methods, nurses practicing on battlefields directly witnessed the horrors of war as severely injured, but lucid, soldiers were seen in need of nursing care.

Today, some 10 years later, thousands of the nurses who served in Vietnam still try to suppress their memories; many suffer from post-traumatic stress syndrome. The contributions and sacrifices of these nurses, who were a major source of strength for many, have clearly been overlooked. Nursing's tradition of submerging personal feelings about patients' experiences has created a group of humble, unsung heroines and heros.

Now the nursing community has the opportunity to recognize the past in a lasting and poignant way. An exciting movement to honor the 10,000 women and nurses—both military and civilian—who served in Vietnam is underway. Spearheaded by Diane Evans, RN, a Vietnam nurse veteran, the Vietnam Women's Memorial Project seeks to erect a statue in honor of women Vietnam veterans.

The goal of the project is to erect an 8-foot statue of a nurse at the site of the Vietnam Wall Memorial in Washington, D.C. Eight of the names on the stark, black granite Wall are women's names. The statue is a bronze figure of a nurse wearing fatigues. She is hugging a combat helmet, her demeanor obviously tired, and her face is turned upward in expectation. Her serene presence at The Wall, along with the Three Fighting Men monument, would be a visual and symbolic representation of her involvement with the lives of patients.

I believe this monument would serve not only to recognize the nurses of Vietnam, but to remind all persons of the constant presence of nurses wherever one finds human suffering. This monument would be another public reminder of the necessity of professional nurses! Your contribution to this project would support nursings' need to improve its public image. More information on the project may be obtained by contacting the Vietnam Women's Memorial Project, Inc., 511 Eleventh Avenue S., Box 45, Minneapolis, MN 55415 or by calling 612-338-4959.

Thank you for your help.

Elizabeth A. Trought, RN, MN

PROUD TO CARE

American Nurses' Association
1988 Convention / June 11-15 / Louisville, Kentucky

ANA Standards of Community Health Nursing Practice
ISSUES AND IMPLICATIONS

This workshop is presented by the Community Health Nursing Division of the North Carolina Nurses Association. Workshop co-sponsors include the N.C. Association of Occupational Health Nurses and the N.C. Association of Public Health Nurse Administrators. The workshop has been endorsed by Hospice of North Carolina, Inc. and the N.C. AHEC Nurses Council.

This workshop will be presented in two locations:

Tuesday, August 25, 1987
Ramada Inn, Hickory, N.C.
Directions: Located at the intersection of Highway 64-70, Highway 321 and I-49

AND

Thursday, August 27, 1987
Sheraton, Greenville, N.C.
Directions: Located at 203 W. Greenville Boulevard

PURPOSE: To familiarize community health nurses with the ANA Standards of Community Health Nursing Practice: Issues and Implications.

WHO SHOULD ATTEND? Registered nurses practicing in any community health setting including health departments, home health, hospice, occupational health, school health, etc.

WORKSHOP DESCRIPTION: During this one-day workshop, participants will have the opportunity to hear a national leader in community health nursing address differences between practice standards, law and rules and regulations. A panel of nurses representing various clinical settings and roles will address compatibility and conflict issues associated with community health nursing standards, their level of practice and work setting requirements.

OBJECTIVES: Upon completion of the workshop each participant will be able to:

- differentiate practice standards from law, rules and regulations.
- discuss nursing accountability for standards.
- examine compatibilities and conflicts with role expectations, work setting requirements, and ANA standards.
- discuss the implications of the ANA standards on community health nursing practice.
- assess personal work situation in relation to ANA standards and their implications.

WORKSHOP SCHEDULE: 8:00 a.m.—Registration: 9:00 a.m. - 4:15 p.m.—Program

PARTICIPANT PREPARATION: Participants will receive a confirmation of registration with a copy of the *ANA Standards of Community Health Nursing Practice*. Participants are requested to read the standards prior to the workshop.

FACULTY: Ruth Hutchison, MPH, RNC, of South Orange, New Jersey will present the keynote address at both workshops. Ms. Hutchison is the current chairman of the American Nurses' Association Council of Community Health Nurses and was an active participant in the work of standards revision. A panel of nurses will represent staff nursing, nursing administration, home health nursing, occupational health nursing, nursing education and school nursing to discuss implementation of standards in the workplace. These panel members will facilitate the work of small group sessions during the afternoon.

HOTEL ACCOMMODATIONS: Hickory workshop—A block of rooms will be held for August 24 at the Ramada Inn until August 10 at a rate of $37 (single) and $42 (double). Make reservations directly with the hotel by calling (704) 322-5533.

GREENVILLE WORKSHOP—A block of rooms will be held for August 26 at the Sheraton Greenville until August 13 at a rate of $47 (single or double). Make reservations directly with the hotel by calling (919) 355-2666.

CREDIT: NCNA is accredited as a provider of continuing education for nursing by the Eastern Regional Accrediting Committee of the American Nurses' Association. Participants will receive 6.5 contact hours for attending the entire program.

CANCELLATION POLICY: NCNA reserves the right to cancel if attendance is inadequate to cover expenses associated with workshop production. Cancellation by participants within 48 hours of workshop will not be eligible for refund.

REGISTRATION DEADLINE: August 10, 1987

Pre-Registration Form

ANA Standards of Community Health Nursing Practice

Name _____ Phone (h) _____ (w) _____

Address _____

Employer/Position _____

Check Workshop attending ☐ Hickory, August 25 ☐ Greenville, August 27

Registration fee enclosed (please check appropriate category) ☐ $40 NCNA Member ☐ $50 Non-Member

Registration fee includes a copy of the *ANA Standards of Community Health Nursing Practice*, lunch and workshop materials. Make check payable to NCNA and mail with registration form to NCNA, P.O. Box 12025, Raleigh, NC 27605. Registration deadline is August 10, 1987.

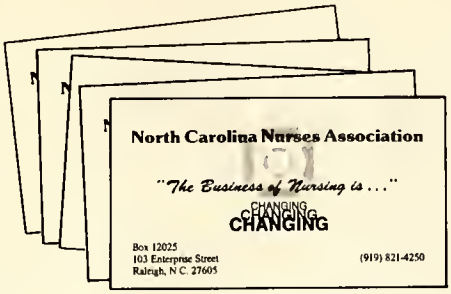
1987 NCNA Convention

"The Business of Nursing Is...Changing."

Following up with their plan for a biennial theme on "The Business of Nursing," the Convention Program Committee has chosen to focus this year's convention on the many changes taking place in health care and within the profession of nursing.

The keynote address "Changes of the 80's: Challenges for the 90's" will be delivered by Dave Fellers, Director of the Division of Marketing and Public Affairs at ANA. His speech will focus on the changes that are challenging nurses and the profession of nursing and will create a "vision of the future."

Dr. Cynthia Freund, Chairman of the Department of Core Studies at the School of Nursing, UNC-Chapel Hill and a current member of ANA's Cabinet on Education, will speak at the luncheon session on Thursday, October 29. She will focus more directly on effects of the changing marketplace on



nursing practice and education in addressing "The Changing Marketplace...Nursing Meets the Demand."

The biennial Elizabeth Holley Memorial Lecture will be presented by Sally Todd, a nurse consultant from Fayetteville. In her address on "Changing the Future of Health Care: The Nurse Entrepreneur Spirit" she will focus on how *every* nurse can utilize that spirit in the work setting.

Biennial business meetings of conference groups, divisions, forums and sections will focus on election of officers to facilitate the implementation of NCNA's new structure based on the bylaws adopted at the 1986 convention. Many of these groups are also planning continuing education programs as a part of their scheduled business meeting and there will be plenty of networking.

This is also an election year for the association so there will be lots of campaigning beginning with a "Meet the Candidates" cash bar on Wednesday evening. Our "tradition" of Thursday evening as an opportunity for a leisure or "free" time will continue, with the Friday being highlighted by the Awards Banquet.

Mark your calendar now for October 28-31 at the Adam's Mark in Charlotte and make the NCNA Convention your "treat" for this Halloween!

Report of continuing education offerings approved by NCNA

DATE	CREDIT	OFFERING
4/8/87	7	"Teaching is Fundamental," Forsyth Memorial Hospital, Winston-Salem (5801)
4/13/87	7.5	"Preceptor Development Workshop," Memorial Mission Hospital, Asheville (5808)
4/21/87	1	"Discharge Planning," NCNA District 1, Raleigh, (5802)
4/23/87	8	"Physical Assessment Course," Wilson Memorial Hospital, Wilson (5811)
4/25/87	7.5	"Oncology Update, 1987," Wayne Memorial Hospital, Goldsboro (5803)
4/27/87	19	"Pediatric Transport Lecture Series," Pitt County Memorial Hospital, Greenville (5814)
4/87	7.5	"Code Certification Guidelines," Margaret R. Pardee Memorial Hospital, Hendersonville (5794)
5/1/87	23	"Interpartum Assessment and Management Program," Bowman Gray School of Medicine, Winston-Salem (5797)
5/4/87	3	"Clinical Nursing Practice for the Future," Veterans Administration Medical Center, Fayetteville (5807)
5/4/87	1	"Neurological Assessment: What Have You Learned?," AACN Piedmont Carolinas Chapter, Charlotte (5809)
5/4/87	—	"Transition to Active Nursing Practice," High Point Regional Hospital, High Point (5826)
5/4/87	8	"Labeling and Packaging for PHN's," Division of Health Services, various (5831)
5/5/87	3	"Diabetes Update," Wayne Memorial Hospital, Goldsboro (5819)
5/6/87	2	"Psychosocial Aspects of Critical Care," Heritage Hospital, Tarboro (5817)
5/7/87	7	"Pain Assessment and Intervention in Clinical Practice,"Rowan Memorial Hospital, Salisbury (5806)
5/9/87	7	"Joys and Stresses of Flight Nursing for Mission Air Volunteers," Air National Guard, Goldsboro (5819)
5/11/87	70	"Advanced Medical/Surgical Core," Craven County Hospital, New Bern (5813)
5/13/87	12.5	"ACLS-AHA Provider Course," Wilkes General Hospital, North Wilkesboro (5815)
5/13/87	6.5	"Through the Looking Glass: Nurses in Wonderland," Gaston Memorial Hospital, Gastonia (5816)
5/13/87	1	"Societal Changes Affecting the Nursing Profession," Area L AHEC, Rocky Mount (5824)
5/14/87	6	"3rd Annual NC Association for Continuity of Care Conference," NCACC, Greensboro (5805)
5/14/87	6	"Developing Your Potential to Better Deal With the Health Care Demands of the 80's," Area L AHEC, Rocky Mount (5818)
5/14/87	3	"Dysphazia," National Speech and Hearing Services, Inc., Winston-Salem (5822)
5/15/87	6.5	"Psychosocial Aspects of Aging," The Odyssey Program, Charlotte (5820)
5/16/87	6.5	"Chemical Dependency and the Nursing Profession," AORN Cape Fear Valley Chapter, Southern Pines (5789)
5/18/87	6	"Stress Manangement," Wilson Memorial Hospital, Wilson (5812)
5/21/87	6.5	"The Draining Wound, Fistula and Pressure Sore: A Nursing Dilemma," Convatec, Greensboro (5825)
5/26/87	2	"Physical Assessment of the Dialysis Patient," Area L AHEC, Wilson (5832)
5/28/87	22	"Pediatric Assessment for the Home Health Nurse," Home Health Care of Gaston County, Gastonia (5830)
5/29/87	—	"Touch for Health," Arlene N. Brown, Durham (5833)
5/87		"Issues in Psychiatric Nursing," Dorothea Dix Hospital, Raleigh (5821)
5/87	1.5	"Cardioversion Certification Program," Margaret R. Pardee Memorial Hospital, Hendersonville (5800)
6/9/87	6	"To Keep on Caring: Burn-out Prevention," Chatham Hospital, Inc., Siler City (5837)
6/10/87	12	"Skills in Wellness Promotion," Sara Lee Corporation, Winston-Salem (5835)
6/15/87	15	"Advanced Cardiac Core,"Pitt County Memorial Hospital, Greenville (5836)
8/19/87	27.5	"12th Annual Conference," NC Academy of Family Physicians, Wrightsville Beach (5834)
9/87	2	"Working Relationships Between Physicians, Nurses, and Clergy," Wayne Memorial Hospital, Goldsboro (5779)
11/87	6.5	"Advanced Electrocardiography," Margaret R. Pardee Memorial Hospital, Hendersonville (5786)

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

DATE/HOUR	EVENT
July 1, 10 a.m.	Task Force on Nursing Constituencies
July 3	Holiday, NCNA Office Closed
July 9	Marketing Workshop, Winston Plaza, Winston-Salem
July 10, 10 a.m.	Public Relations Committee
July 10, 10 a.m.	Committee on Legislation
July 13, 10 a.m.	Continuing Education Provider Unit
July 24, 1:30 p.m.	Conference Group of Specialists in Psych-Mental Health
July 30, 9 a.m.	Commission on Practice
July 30, 3 p.m.	Psych-Mental Health Division Executive Committee
July 31, 10 a.m.	Commission on Education
August 3, 1 p.m.	Maternal-Child Health Division Executive Committee
August 4	MCH Standards Workshop, Brownestone Hotel, Raleigh
August 7, 9 a.m.	NCNA Board of Directors
August 10, 10 a.m.	Committee on Legislation
August 10, 2:30 p.m.	Medical-Surgical Division Executive Committee
August 11, 10 a.m.	Subcommittee on Credentialing
August 13, 10 a.m.	Commission on Health Affairs
August 14, 10 a.m.	Gerontological Division
August 19, 9:30 a.m.	Task Force Chairmen Meeting
August 19, 1 p.m.	Steering Committee
August 20, 10 a.m.	Committee on Finance
August 20, 10 a.m.	Committee on Membership
August 25	Community Health Standards Workshop, Ramada Inn, Hickory
August 27	Community Health Standards Workshop, Sheraton, Greenville
August 28, 10 a.m.	Peer Assistance Program Committee
September 3, 10 a.m.	Commission on Education
September 4, 9 a.m.	NCNA Board of Directors
September 5, 9:30 a.m.	Federation of Nursing Organizations
September 7	Holiday, NCNA Office Closed
September 10, 8:30 a.m.	Community Health Division
September 18, 10 a.m.	Continuing Education Provider Unit
September 18, 10 a.m.	Peer Assistance Program Committee
September 22, 10 a.m.	Committee on Legislation
September 22, 10 a.m.	Committee on Membership
September 24, 9 a.m.	Commission on Practice
September 24, 3 p.m.	Psych-Mental Health Division Executive Committee
September 24, 10 a.m.	Commission on Health Affairs
September 25, 10 a.m.	Peer Assistance Program, Workshop, Sheraton, Greensboro
September 25, 10 a.m.	NCNA Committee on Nominations
September 26, 9:30 a.m.	Conference Group of Specialists in Psych-Mental Health Nursing
October 15, 1:30 p.m.	Joint Practice Committee, NC Medical Society Headquarters, Raleigh
October 27	NCNA Board of Directors
October 28-31	1987 NCNA Convention, Adam's Mark Hotel, Charlotte, NC

PHYSICIAN EXTENDER

Position available for a Physician's Assistant or Nurse Practitioner to function as a physician extender. Duties will primarily be assisting in the care of in-patients with some out-patient follow-up care. Will involve working mainly with stroke, head trauma and SCI patients. Duties include doing H&Ps and working with physicians on daily rounds, transcribing orders and related duties. Contact Personnel Department, Thoms Rehabilitation Hospital, One Rotary Drive, Asheville, North Carolina 28803, (704) 274-2400.

EOE M/F

Paid Advertisement

First "Spring Fling" A Success

"Let's do it again!" was the unanimous response from participants at the Nursing Management Section's "Spring Fling '87" held at Wrightsville Beach, April 24-25, 1987. Although the weather did not cooperate, the workshop was acclaimed for its success in providing nurturing and networking opportunities for nurses in administrative and management positions and also presented timely content related to management issues.

The workshop began on Friday with an address by Beckie Knight on "the power of image." Her excellent motivational speech was followed by Susan Allen's presentation on using humor as nurse managers. Her "fantastic" speech and "for fun" activities had everyone laughing and served as an "ice breaker" for participants who didn't know each other. Dabney Roberts and Julia Parker provided ideas on using clothing and accessories to enhance image and to create the illusion of the shape you would like to have. The morning ended with a luncheon which included a fashion show by Montaggió of Wilmington featuring fabulous clothes, other than suits, for the nurse in a management/administrative position.

Friday afternoon began with a presentation by Dr. Virginia Saba, author of *Essentials of Computers for Nurses*, on uses of computers for nurse managers and criteria for selecting software. Participants then had the opportunity to visit the various computer exhibitors for "hands on" experience with specific software packages for nursing.

The topic for Saturday was conflict resolution with participants having the opportunity for small group discussion of conflicts with administrators, other managers or staff following an address by Margaret Whittington.

"The beach atmosphere would certainly have been improved by the presence of sunshine but the workshop was terrific."

Nurse practitioners to discuss professional and clinical issues

The 1987 Primary Care Nurse Practitioner Conference Group Spring Symposium was held at Summer Winds Resort Conference Center on May 14-16. More than 70 nurse practitioners convened to learn about health policy and legislation and current clinical topics. They even had a little time for fun in the sun!

You weren't in with the "in crowd" if you weren't wearing your NCNA NP T-shirt! This group proudly modeled the T-Shirt designed by and made for NCNA NPs.

Tom Nickels, Director of Congressional and Agency Relations at ANA presented the keynote address and is shown here taking time to discuss issues further with one participant.

Judith Collins came as a guest speaker to "Focus on the Female After Forty." Her address on the clinical issues was stimulating but the NP group also picked Judy's brain about the National Alliance of Nurse Practitioners (NANP). Judy currently chairs the NANP.

A trade show featured 15 exhibitors and was well attended.

Networking was the name of the game! When not in sessions, these NPs were comparing notes about their individual practices. The group shown here was enjoying conversation and coffee.

Balloting Procedure Allows Absentee Voting in '87 Election

NCNA members may vote for officers and ANA delegates by absentee ballot. Voting also will take place at polls open during the 1987 October convention in Charlotte.

Members not able to attend the convention may request an absentee ballot and cast it by mail prior to the convention. The absentee ballots will be turned over to election tellers and counted along with the votes cast at convention.

Because of this voting procedure, nominations from the floor at the convention are not possible. However, any member can self-declare for any office for which the member is qualified. The Nominating Committee's slate will be puublished in the July-August *Tar Heel Nurse*, along with a consent-to-serve form for self-declaring. Members will then have until September 18 to self-declare.

The following offices will be filled in the 1987 election: president-elect; vice-president; secretary; treasurer; chairmen of Cabinets on Constituent Associations, Education and Resource Development, Government and Health Policy, Marketing, Practice, Professional and Economic Development and Research; Nominating Committee and nine ANA delegates.

Following is the timetable and procedure governing absentee voting:

Nominating and absentee voting timetable and procedure

August 28, 1987—Deadline for publishing slate prepared by Nominating Committee. Slate will be published in July-August *Tar Heel Nurse*, accompanied by a form for self-declaring for office and notice of deadline for self-declaring.

September 18, 1987—Deadline for self-declarations to reach Nominating Committee. NCNA consent form must be used.

September 25, 1987—Nominating Committee rules on qualifications of self-declared candidates. Ballot is printed.

October 7, 1987—Deadline for members to request absentee ballot. Request must be accompanied by stamped #10 (4" x 9½") self-addressed envelope. The following will be mailed to each bona fide member requesting absentee ballot:

1. ballot
2. instructions for marking and mailing ballot
3. brief biographical data on self-declared candidates
4. unmarked inner envelope to be signed by voter
5. marked outer envelope to go to chairman of tellers

October 7, 1987—Absentee ballots mailed to members requesting.

October 14, 1987—Deadline for postmarking of voted absentee ballots to be returned to NCNA secretary.

Biographical information on self-declared candidates will be available at polls for members voting at polling place.

Voting day at convention—Absentee ballots delivered to tellers.

Five For Free Contest

Recruit 5 new full pay members (or any combination of new members paying half-price and/or quarter-price dues equivalent to 5 full pay members) between March 15 and September 15, 1987, and choose between 1) waiver of 1987 NCNA convention registration fee and 2) equivalent credit toward annual membership dues not exceeding your current individual membership rate.

Please follow these guidelines to ensure accurate record-keeping and a smoothly run contest. You, the nurse recruiter, are responsible for:

1. Writing "Recruited by" and your name on *all* copies of each application used. Only *individual* recruiters are eligible.
2. Ensuring that applications are completed fully and correctly (those with missing information, i.e., license number, *cannot* be processed—only processed applications will be counted as new members).
3. Ensuring that applications are mailed to NCNA Headquarters, P.O. Box 12025, Raleigh, NC 27605 *and are received* on or before September 15, 1987.

You will be notified when the applications of *your* new members are received and processed. You will also be advised of any deficiencies in a prospective member's application (that prevents processing) so that *you* may contact them to correct it.

Winners will be notified between October 10 and October 25, 1987. Remember! A new member is a nurse who has not been a member of NCNA or another state nurses association for at least six months.

HAVE YOU PUT YOUR FUTURE ON HOLD?

With the North Carolina Nurses Association Memberloan Program you can borrow up to $7,500 on your signature alone . . . because the future starts *Today!*

What could you do with a little extra cash?

- Continue Your Education?
- Make Home Improvements?
- Consolidate Debts Into One Lower Monthly Payment?
- Take The Vacation You've Always Dreamed Of?

Now is the time. Take advantage of the privileges of your membership in North Carolina Nurses Association.

Unsecured personal loans on your signature alone:

- From $2,600 up to $7,500 with up to 6 years to repay!

Need more?

- Up To $100,000 For Homeowner Equity Loans, with up to 15 years to repay!

We know you're busy, so we've made it easy.

You get quick, personal service. **You** choose the payment program best suited to you, and **you** pick the flexible terms that fit **your** personal budget. The whole process is done quickly by phone and mail . . . no time consuming interviews are necessary.

You are entitled to a 3% cash rebate of all finance charges when your loan is paid in full, and, North Carolina Nurses Association members who apply before September 1, 1987, are entitled to an *additional* 3% finance charge rebate (on personal loans only), making the total cash back 6%! This rebate goes a long way toward making loans affordable again.

CALL 1-800-245-4486 TODAY OR CLIP THE COUPON BELOW.
DON'T LET THE FUTURE PASS YOU BY.

CALL
1-800-245-4486
(8 a.m. to 9 p.m. EST Monday-Thursday, 8 a.m. to 5 p.m. Friday)

Personal, Convenient Memberloans by Mail

NORTH CAROLINA NURSES ASSOCIATION MEMBERLOAN REQUEST

TO: National Consumer Discount Company
Homeowners Loan Corporation
P.O. Box 899
Coraopolis, PA 15108

Just complete information below. Processing on your request begins the very day it is received.

☐ **Unsecured Personal Loan** (On Signature Alone)
Amount you wish to borrow (from $2,600 up to $7,500) $_____

Time you wish your loan to be outstanding:

1 year	☐	2 years	☐	3 years	☐
4 years	☐	5 years	☐	6 years	☐

☐ **Homeowner Equity Loan** (Must Own or Mortgage Your Home)
Amount you wish to borrow (up to $100,000) $_____

Name _____
(Please Print)

Address _____

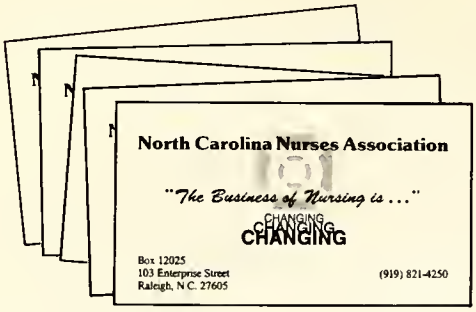
City_____ State_____ Zip_____

Phone ( ) _____

Lending restrictions exist in a few states; please call for you state's eligibility.

The Business of Nursing is... *CHANGING*

Learn How...and Why...



Don't Miss The
1987 NCNA Convention
October 28-31, 1987
Adam's Mark Hotel
Charlotte, NC

This year's convention will feature:

- Keynote address by Dave Fellers, ANA Director, Division of Marketing and Public Relations
- Biennial Elizabeth Holley lecture presented by North Carolina's own Sally Todd
- Luncheon address by Cynthia Freund, back by popular demand after her convention presentation in 1985
- Trade show with commercial exhibitors, non-profit groups and hospital recruiters
- Awards Banquet, an opportunity to honor six Nurse of the Year Award recipients
- Election of 1987-'89 NCNA leadership
- Leisure time to enjoy networking and see Charlotte!

Reminder: Nomination materials for all awards are due by August 1, 1987.

Watch for further details in the July-August issue of the *Tar Heel Nurse*.

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolina 27605

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Tar Heel Nurse

Vol. 49, No. 4 OFFICIAL PUBLICATION OF THE NORTH CAROLINA NURSES ASSOCIATION July-August 1987

NC delegation active at ANA House of Delegates

by Clare LaBar
Executive Director

From June 6-9, 1987, the American Nurses' Association held its annual House of Delegates meeting to continue the job of setting policy and direction for the nursing profession. Ten out of the 615 ANA Delegates that met in Kansas City were there representing the membership of the North Carolina Nurses Association. The North Carolina contingent, though few in number proportionately, made up for their size in political know-how and networking savvy. NCNA Delegates, led by President Hettie Garland, included, in addition to Garland, Sarah Brown, Davy Crockett, Sheila Englebardt, Vida Kay Jackson, Johnea Kelley, Sandra Randleman, Judith Seamon, Edward "Mac" Stroupe, and Russell Eugene Tranbarger. Delegates, hard at work for their members during the entire four days, each covered specific preliminary reference hearings related to upcoming resolutions and house reports; reported reference hearing information back to NCNA Delegates at scheduled caucuses for further refinement and strategizing; and adapted this information for motions or other comments on the House floor.

Issues studied and voted upon by the Delegates included ANA's finances and its proposal to increase national dues from $55 to $84; SNA membership status for the future associate nurse; and professional scope of practice statements for the professional nurse and for the technical nurse. Actions on these as well as other issues will be reported in detail by ANA in the next issue of *The American Nurse*. Until then, however, here is a summary of some of the actions taken: 1) the House defeated a proposal to increase the dues conversion factor from $55 to $84; 2) the House adopted a bylaws provision that will permit state nurses associations to offer membership to associate nurses with a proviso that provides for a two-year period for implementing the change following a state's enactment of upgraded educational requirements for professional nurses and associate nurses; 3) the House adopted a revised scope of practice statement that was mandated by the 1985 House in order to delineate "the scope of practice of those educated with a minimum of a baccalaureate degree in nursing and those educated with an associate degree in nursing"; 4) the House voted to give priority to three of the long-range goals: clarify and strengthen the educational system for nursing; achieve effective control of the environment in which nursing is practiced and services offered; and maintain and strengthen nursing's role in client advocacy.

(continued on page 3)

All eyes were on President Garland as delegates pondered planned moves in one of several caucuses. Former NCNA president Barbara Jo McGrath (second from left) currently sits as a member of the ANA Board of Directors. Barbara took several opportunities to visit with NC friends throughout the meeting.

NCNA addresses nursing shortage

by Joy Reed
Assistant Executive Director

Statistics on the nursing shortage, such as 80% of hospitals report RN vacancies and the RN vacancy rate increased from 6.5% in 1985 to 13.6% in 1986, confront us daily in the form of newspaper articles, TV news reports and journal articles. In North Carolina a study by the N.C. Hospital Association revealed 1100 RN vacancies in 106 hospitals reporting. For nurses in the hospital setting these statistics often translate into many hours of overtime or double shifts, the expectation that he/she care for more and more patients at higher acuity levels, and lots of stress and frustration over

(continued on page 6)

Message from the President

Hettie L. Garland

A potpourri of presidential perspectives

The ANA House of Delegates meeting in Kansas City was, as we expected, a challenging, stimulating and significant opportunity for the advancement of nursing and our critical role in health care delivery. Details about the meeting and actions by the House are being summarized in this issue of the *Tar Heel Nurse* and in *The American Nurse*. All of the actions have implications for NCNA and nursing in North Carolina. I'll comment only on a few:

- Because the dues proposal was defeated, it was important for the House to provide direction to the Board of Directors in implementing strategic plan activities for 1988. This was also in keeping with the action of the House in 1986. Three goals were identified as priorities for next year:
  GOAL II: Clarify and strengthen the educational system for nursing;
  GOAL VI: Achieve effective control of the environment in which nursing is practiced and service offered;
  GOAL VIII: Maintain and strengthen nursing's role in client advocacy.

It was understood that Goal VII (Enhance the organizational strength of ANA) was necessary to accomplish any program activity within the priorities.

The nursing manpower issue was identified as the highest priority and suggested program activities will fit "under the priority goals of the strategic plan".

- Our delegation supported the ANA Board's recommendation that decisions about membership options be delayed at least until 1988. This recommendation came as a result of the Board's analysis over the past year and the complexity of the issue. Our position was a minority position, and the House defeated the Board's recommendation.
- Bylaws provisions were adopted to provide for associate nurse membership at a full level of participation. Provisions were adopted that allowed the variations in titling for the second level and defined a time period after regulatory or statutory changes relating to the associate nurse and implementation of membership changes at the SNA level.
- The Scope of Practice statement was adopted, after several revisions directed to more clearly define the role of the associate nurse and relationship with the professional nurse. Gene Tranbarger served on the national task force to develop the Scope of Practice.
- A special meeting was held on Friday, June 5, for the critical issues related to professional liability insurance. The last issue of *THN* had a feature article about this issue and its impact on nurses in North Carolina.
- North Carolina Night was a rousing success — thanks to you for financial support, to Joy and Hazel for their organizational skills and hard work, and to our delegates for "hosting".
- While Gene and Judy were unsuccessful in the elections, they conducted a class A, professional campaign. We were all disappointed, of course, and still don't understand all of the reasons that contributed to their defeat.

There are two other elections in August and October that are very important to nursing in North Carolina — both are highlighted in this issue. The Board of Nursing ballot will be mailed in a few weeks. Remember — we are the only state that has the unique privilege and opportunity to elect the nurse members of the Board. Election participation has historically been low — a significant disappointment to say the least. Every privilege carries a responsibility and ours is to exercise our right to vote *and* to encourage every nurse in North Carolina to vote!

NCNA's election is always significant and this year is certainly no exception. The 1987-89 biennium is the implementation of the new structure, and the House of Delegates will be considering many issues to guide our activities over the next two years. Through the absentee ballot procedure, every NCNA member has the privilege and responsibility of voting.

Finally, as we approach the close of this biennium, each structural unit is reviewing priorities, objectives, and accomplishments. These will be published in the next issue of the *THN* in the biennial book of reports. Reviewing where we've been and where we are helps set the stage for the future. We need to "gear up" for the future not just "gear down" for the close of the biennium!

ABOUT PEOPLE

SHEILA ENGLEBARDT of Greensboro has been appointed to the ANA Task Force to Revise the Roles, Responsibilities and Qualifications Document for Nursing Administrators and served as chair for the first meeting of this group on June 22-23 . . . DR. MARGARET MILES of Chapel Hill has been elected to a two year term as chair of the ANA Council on Maternal-Child Nursing . . . CYNTHIA GARRETT, Vice-President, KATHERINE MOORE, Treasurer, and MARY CREED, Secretary, are newly elected officers of Alpha Alpha chapter of Sigma Theta Tau . . . DR. BONNIE ROGERS of Chapel Hill has been elected to a two-year term on the Board of Directors of the American Association of Occupational Health Nurses . . . GINGER SANDLIN of Chapel Hill is serving as a part-time surveyor for JCAH in the Ambulatory Care section . . . DR. MARLENE ROSENKOETTER of Wilmington has been elected to two year terms as a member of the Board of Directors of the National League for Nursing, as chair of the Executive Committee of the Assembly of Constituent Leagues for Nursing and the Southern Regional Assembly of Constituent Leagues for Nursing . . . RACHEL ALLRED, SHARON CASTON, REBECCA JAMES, and REBECCA TAYLOR of the University of North Carolina at Greensboro were four of the researchers completing a study on *Community Health Nursing Employment Patterns of Entry Level Baccalaureate Graduates* . . . *LAURA CAMMER of Greensboro was nominated for the Nurse Mates' Heart of Gold Award* . . . *BONNIE J. FRIEDMAN of Carrboro has written a chapter on "Management of Gastrointestinal Problems" for a Handbook on Adult Primary Care* published by John Wiley & Sons of New York . . . ADELE HOUGH of Greensboro has written an article, "The Nursing Consultant Role," which was published in the May issue of Nursng Management

Message to Vietnam Nurses

During the Memorial weekend, a group of nurses and women who served in the Vietnam War joined together to share their friendship and support. This time together was so healing to all who participated that the group is considering forming an ongoing support group. A possible long range goal of this group could be to form a NC Vietnam Women's Association. If interested, please contact Suzanne Walden, R.N. at (919) 355-7920 or Allie Freeman, MSW at (919) 323-4908.

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

DATE/HOUR	EVENT
August 19, 9:30 a.m.	Chairs of Task Forces
August 19, 1 p.m.	Steering Committee
August 20, 10 a.m.	Committee on Finance
August 20, 10 a.m.	Committee on Membership
August 25, 9 a.m.	ANA Standards of Community Health Nursing Practice: Issues and Implications Workshop, Ramada Inn, Hickory
August 27, 9 a.m.	ANA Standards of Community Health Nursing Practice: Issues and Implications Workshop, Sheraton, Greenville
August 28, 10 a.m.	Peer Assistance Program Committee
August 31, 10 a.m.	Task Force on Scope of Practice
September 2, 10 a.m.	Task Force on Nursing Constituencies
September 3, 10 a.m.	Commission on Education
September 3, 10 a.m.	Commission on Member Services
September 4, 9 a.m.	NCNA Board of Directors
September 5, 9:30 a.m.	Federation of Nursing Organizations
September 7	Holiday, NCNA Office Closed
September 10, 8:30 a.m.	Community Health Division
September 18, 10 a.m.	Continuing Education Provider Unit
September 21, 10 a.m.	Continuing Education Approval Unit
September 22, 10 a.m.	Committee on Legislation
September 22, 10 a.m.	Committee on Membership
September 24, 9 a.m.	Commission on Practice
September 24, 10 a.m.	Committee on Resolutions
September 24, 10 a.m.	Commission on Health Affairs
September 24, 3 p.m.	Executive Committee of Psychiatric/Mental Health Division
September 25, 10 a.m.	Peer Assistance Program Committee Workshop Professional Impairment: Issues and Answers, Sheraton, Greensboro
September 25, 10 a.m.	Committee on Nominations
September 26, 9:30 a.m.	Conference Group for Specialists in Psychiatric Mental Health Nursing
September 30, 10 a.m.	Committee on Finance
October 15, 1:30 p.m.	Joint Practice Committee, NC Medical Society Headquarters, Raleigh
October 27	NCNA Board of Directors
October 28	Committee on Resolutions, Adam's Mark Hotel, Charlotte
October 28-31	1987 NCNA Convention, Adam's Mark Hotel, Charlotte, NC

NC delegation active

from page 1

In addition, in actions related to the nursing shortage, the House asked that ANA's highest funding priority be assigned to ANA's leadership role in addressing the shortage; that ANA work with state associations, the Constituent Forum and other grups to develop a national program to alleviate the shortage; that ANA support efforts to recruit and retain nurses in the profession with adequate compensation and benefits and appropriate nurse/patient ratios as necessary elements of those efforts. The House also voted to oppose universal, mandatory testing for antibodies to the HIV (AIDS) virus. Instead, the House supported voluntary, anonymous HIV testing with informed consent and appropriate counseling by qualified health care professionals. Such testing, the House statement said, should be available to persons seeking drug rehabilitation services, family planning services, and testing and treatment for sexually transmitted diseases. Finally, Delegates adopted an emergency resolution on professional liability insurance outlining ANA actions to assure that affordable insurance is available to nurses.

NCNA Delegates also took time for fun. At the second annual "North Carolina Night" Delegates passed out buttons and balloons, but most of all presented to the rest of the nation their own candidates for ANA office: Judith Seamon, immediate past NCNA president, for ANA Board of Directors and Russell (Gene) Tranbarger, also a past NCNA president, for continuing membership on ANA's Cabinet on Nursing Services. On announcement of ANA election results, proud North Carolinians accepted with grace the defeat of these two candidates. As for other NCNA members, Margaret Miles will be the new chairman for the ANA Council on Maternal-Child Nursing; Carolyn Billings is still awaiting election results for member-at-large on the Council on

(continued on page 5)

Emergency Resolutions Procedure

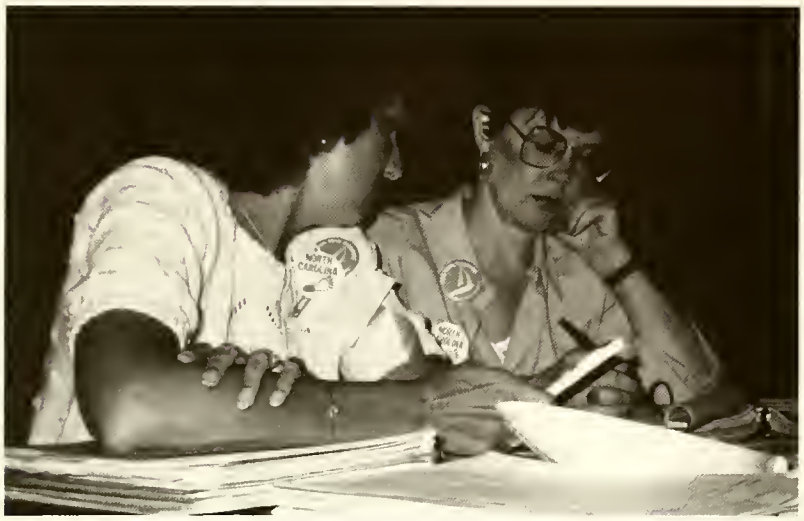
Emergency resolutions are those whose significance could not have been apparent by the deadline date of May 15, 1987, and which, because of timeliness, require immediate action. Any NCNA member, NCNA district, or NCNA structural unit may submit a resolution.

Emergency resolutions must be submitted no later than 5:00 p.m. on Wednesday, October 28, 1987, at NCNA's Annual Convention. The Resolutions Committee requests that emergency resolutions be submitted as early as possible prior to this deadline, either by mailing the resolution to NCNA headquarters or giving the resolution to a staff member at Convention. Any party submitting a resolution should attend the Resolutions Committee meeting at the Adam's Mark Hotel in Charlotte, 5-6 p.m. on October 28, to speak to the resolution.

For further guidelines and assistance in writing resolutions see the January/February 1987 issue of the *Tar Heel Nurse* or call NCNA offices.

N.C. Delegates worked hard . . .

Tired Delegates, heads in hands, listen for their next move from their leader, NCNA President Hettie Garland.



NCNA Executive Director, Clare LaBar, ponders over a motion about to be made by Sarah Brown.

On the last day Delegate Gene Tranbarger, all ready for the road in his Hawaiian shirt, makes his views known to the ANA House.

Delegate and Vice President Davy Crockett reads to the House from prepared comments on scope of practice issue.

President Hettie Garland presents her comments related to SNA membership options for the associate nurse.

Delegate Sarah Brown awaits her cue from ANA President Margretta Styles before making her point.

. . . and played hard!

Delegates Randleman, Englebardt, Tranbarger, and Garland are joined by new North Carolinian Beverly Malone as glasses rise in a toast.

Balloons away! The North Carolina Night reception was enjoyed by everyone — including N.C.'s own . . . (L to R) Kay Jackson, Davy Crockett, Sandra Randleman, and Estelle Fulp.

ANA Board of Directors candidate and Delegate Judy Seamon shares a light moment with ANA past president Eunice Cole at "N.C. Night" reception.

NC delegation active

from page 3

Psychiatric and Mental Health Nursing executive committee; and Sheila Englebardt has just been appointed to membership on ANA's Task Force to Revise the Roles, Responsibilities and Qualifications Document for Nursing Administrators. NCNA members can be sure that the 10 that were sent to Kansas City, along with staff members Clare LaBar, Hazel Browning and Joy Reed, served their association well in conceptualizing the issues, in developing political networks and liaisons, and in presenting a positive image for North Carolina.

NCNA staffers (L to R) Joy Reed, Clare LaBar, and Hazel Browning gathered up balloons at end of party. As can be guessed, Hazel was indeed the "hostess with the mostest"!

ACTIONS OF THE BOARD

At its June 26, 1987 meeting, the NCNA Board of Directors took the following actions:

- Voted to reactivate a Board Subcommittee on Establishment of a Foundation
- Adopted the 1987-1989 Legislative Platform
- Approved the formation of a Psychiatric/Mental Health Council, a Continuing Education Council, and a Council on Diploma Education
- Authorized the Commission on Member Services to appoint a subcommittee for the purpose of developing a Protest of Assignment form and establishing guidelines for its use
- Authorized the Commission on Member Services to appoint a subcommittee for the purpose of developing a Protest of Assignment Form and establishing guidelines for its use
- Adopted Guidelines for the Appointment of Expert Witnesses (see elsewhere in this issue)
- Voted to join the North Carolina Council of Women's Organizations
- Voted to establish an editorial committee for the *Tar Heel Nurse*
- Appointed Alene Watson to represent NCNA on the North Carolina Public Health Nursing Continuing Education Advisory Committee
- Authorized the Peer Assistance Program Committee to develop policies related to formulating responses related to requests for assistance; to conduct a raffle at the 1987 NCNA convention; and to limit the Program's work, for the present time, to registered nurses.

Four RNs to be elected to N.C. Board of Nursing

Nurses currently licensed in North Carolina will receive ballots in mid-August for voting to elect members to the Board of Nursing.

Vacancies to be filled this year include four for RN membership (one employee of a physician, one employee of a skilled or intermediate care facility, one hospital employee and one nurse educator). Only RNs may vote for RN members. One LPN member will be elected by LPNs.

NCNA members can demonstrate professional leadership by voting in this election and encouraging other RNs to vote. If you do not know the candidates, use the networking opportunities available to you to find out about them.

Following is a list of RN candidates, with those who are members of NCNA indicated by an asterisk:

RN Employee of a Physician

Janice McRorie
7901 Rainbow Drive
Charlotte, NC 28212

RN Employee of SNF or ICF

Mary Lee Jackson
219 Magnolia Drive
Washington, NC 27889

*Sharon T. Sells
P.O. Box 25
Stanfield, NC 28163

*Frances White
417-A S. Greensboro Street
Carrboro, NC 27510

RN Hospital Employee

*Wittonia Arrington
2222 Dorsett Drive
Raleigh, NC 27603

Cathy Badgett
618 S. Main Street
Reidsville, NC 27320

*Mary Beatrice Bailey
4420 Lake Boone Trail
Raleigh, NC 27607

*Betty C. Evans
P.O. Box 535
Apex, NC 27502

*Carol A. Howard
5220-L Penrith Drive
Durham, NC 27713

Sarah S. (Kiser) Martin
Route 8, Box 322-A
Salisbury, NC 28144

Elaine Martin
5614 Green Bay Drive
Durham, NC 27712

*Nancy E. Munn
3806 Ruggles Street
Durham, NC 27704

Timothy E. Pollock
7700 Kenneth Lane
Charlotte, NC 28212

Evelyn J. Shelton
Route 2, Box 23-A
Vilas, NC 28692

* Janis Dunham Smith
Route 1, Box 262-A
Elizabethtown, NC 28337

Pamela G. Streeter
134 Twin Oaks Place
Cary, NC 27511

RN Nurse Educator

*Patricia Ann Chamings, PhD
1305 Double Oaks Road
Greensboro, NC 27410

*Lynn T. Doss
Route 5, Box 29
Mocksville, NC 27028

*Frances R. Eason, EdD
Route 1, Box 269
Rocky Mount, NC 27803

Beverly Essick
P.O. Box 118
King, NC 27021

*Carolyn E. Henderson
200 Woodcroft Pkwy, 62-B
Durham, NC 27713

*Jean L. Hill
Route 2, Box 144-7
Horse Shoe, NC 28742

*Geraldine N. Jordan, EdD
309 Winburn Street
Monroe, NC 28110

NCNA addresses nursing shortage

from page 1

the inability to provide the professional care that patients should have.

NCNA has been actively involved in disseminating information on the causes of this shortage as well as working to identify and implement activities which will help to resolve this crisis situation. In the initial inquiries from media, the first question is usually "why are so many nurses leaving nursing?" NCNA's approach at this point is to clarify that the "shortage" is really an increased demand for nurses due to 1) cost containment efforts such as the prospective payment system which have led to an increased acuity level for hospitalized patients and 2) increased demand and opportunities for nurses in settings other than hospitals such as home health care, same-day surgery centers, ambulatory care and wellness centers, etc.

Joy Reed, Assistant Executive Director, has acted as NCNA's spokesperson with the media and has been interviewed by reporters from Fayetteville, Winston-Salem, Durham, Chapel Hill, and Raleigh and has appeared on television three times to speak on this issue.

NCNA has also adopted a Position Statement on Problems Related to the "Recruitment, Utilization and Retention of Professional Nurses" (see May/June 1987 *Tar Heel Nurse* for complete statement) which emphasizes that problems of recruitment and retention are interrelated and that both are in part a result of issues and problems in the work setting. NCNA believes that it is crucial that employers of nurses "recognize that nurses should have authority over their own clinical practice". This position statement serves as a guide for responses to media questions on what can be done to help alleviate the shortage.

NCNA has also requested that the North Carolina Organization of Nurse Executives and the North Carolina Hospital Association join with NCNA in exploring ways in which the three groups can work together to alleviate this situation. Members of each of these groups met together for the first time on May 22, 1987 and issued a joint press release which has been reported by media across the state. The group will meet again on July 31 and has asked representatives of the North Carolina Medical Society to attend this meeting.

The ANA House of Delegates took action to make this issue the highest funding priority for 1987-88 and directed that ANA send a telegram to the American Hospital Association asking that they join ANA in "an aggressive effort to promote salaries, working conditions, benefits and patient care policies that will recruit and retain well qualified registered nurses in the workplace".

The ANA House of Delegates also recognized that the image of nursing as portrayed in the media hampers our ability to recruit the brightest students. Sarah Pike Brown, an NCNA delegate, issued a challenge from the floor of the "House" to each state to develop and implement one project to promote a more positive image of nursing in the media and report back to the 1988 House of Delegates. NCNA will begin work on our project in the near future. If you have ideas or suggestions, contact Joy Reed at NCNA Headquarters.

Multiply Membership

1987 legislative session continues into hot summer days

The sweltering outdoor temperatures of July are often no contest for the heat being generated inside the walls of the 1987 legislative session. To date, the House has seen 2156 bills introduced and the Senate another 1554, a total of 3710 potential pieces of legislation. In the two weeks prior to May 28, pulses and paces were on a fast track in an effort to meet the May 28 deadline requiring passage by one chamber before the measure would be further considered. House and Senate calendars were unusually long. Daily House calendars had 80+ bills for consideration on more than one occasion. Sessions frequently stretched into evening hours with several House sessions adjourning after 10:00 p.m.

Most legislators, lobbyists and General Assembly staff were happy to see the calendar roll over into June — happy that they lived through the frantic flurry to push bills through one chamber by that May 28 deadline. Once the deadline passed it was like air leaving a balloon! Committee rooms rarely spill over with lobbyists out into the hallway. Committee meetings begin — and end — on time; a few have even been cancelled.

Opinions about the new bill deadline are varied and plentiful — everybody has one. Some say it was helpful, it will allow more careful study of substantive issues in the second chamber. Some say it was harmful, like having an "end of the session" blitz in the middle. Some say we won't know whether it was a good idea or not until the session is over. One legislator even wants to *study* it!

The fact remains, the bill deadline came and went. Lots of bills did not make it through the bill deadline hoop and are now lost. Time came for all to assess what's left and move on.

So, the beat goes on . . . slowly, methodically (?) the 1987 session of the North Carolina General Assembly is proceeding to address a variety of issues. Joint Appropriations Committees and Finance Committees are frequent but have no air of urgency to complete their business. Optimistic lobbyists are already guessing at possible adjournment dates. Unfortunately, as the days go by, the guesses move later and later into the month of July. One brave soul even ventured to say recently, "They'll be lucky to get out of here by the end of July." He was almost bludgeoned to death!

At the time of this writing we are only hopeful that the 1987 session of the General Assembly will be over by the time this *Tar Heel Nurse* reaches your mailbox!

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On June 26, Senator Marshall Rauch (D-Gastonia) added substance to what had been introduced as a "blank bill". Senate Bill (SB) 821 is "an act to make various fee adjustments and amendments to the Nursing Practice Act". This measure will serve to meet a dire need of our state licensing agency which has operated under 1981 fees for the past six years. As many of you may recall, it was in 1981 during a major revision of the Nursing Practice Act that the current licensure application, renewal and reinstatement fees for both RNs and LPNs were written into law. Since that time, the N.C. Board of Nursing has seen a dramatic acceleration in necessary disciplinary activities and has significantly increased and improved its services to both the nursing community and the general public. Today's costs of services and supplies are now catching up with the board's budget and this session of the General Assembly was a timely opportunity to prepare for future needs for additional revenue. The proposed fee structure in SB821 is as follows:

Application, registered nurse (RN) license by endorsement — $75.00
Renewal, RN license (2-year) — $50.00
Reinstate lapsed RN license — $90.00
Application, licensed practical nurse (LPN) by endorsement — $75.00
Renewal, LPN license (2-year) —$50.00
Reinstate lapsed LPN license —$90.00

Additionally, the proposed statute revision would allow the N.C. Board of Nursing to assess costs of disciplinary action against a nurse found in violation of the Nursing Practice Act. These costs are one of the heavier ticket items currently borne by the board.

Finally, SB821 would authorize payment of a $50 per diem for Board members on official business. Every member of the N.C. Board of Nursing makes a significant contribution of personal time and energy on behalf of the nursing profession in meeting the responsibilities and duties of the office. This action of SB821 would make the financial toll a little less dramatic.

SB821 passed through the Senate Finance Committee on June 26 with very little debate. On June 29, the Senate passed the measure unanimously on both second and third readings. Members of the chamber are well aware of the constraints on state regulatory agencies with legislated fee structures that are several years old.

The measure has been assigned to the House Finance Committee which is chaired by Representative George Miller (D-Durham). If approved in that committee, it is expected to move quickly to the House calendar. NCNA continues to work in support of SB821.

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Recent weeks have brought reminders of the 1985 session. Recall the 1985 Administrative Procedures Act recodification which threatened to rob the Board of Nursing of its authority to conduct administrative hearings for licensees. The threat is back. House Bill 978 was introduced by Representative Billy Watkins (D-Oxford) on April 28. The bill, as introduced, would have removed the authority to discipline licensees now held by the Board of Nursing and other occupational licensing boards and placed that authority in the hands of an administrative law judge in the Office of Administrative Hearings. Immediate and strong objections to this policy change were raised by occupational licensing boards and societies of professional groups. A committee substitute for HB978 (referred to as HCS978) was passed by the Committee on Courts and Administration of Justice on May 26 during a brief late-afternoon break from the lengthy House agenda. This version calls for contested cases to be heard by an administrative law judge if requested by either party —i.e., the board or the licensee.

HCS978 passed both second and third readings by the full House on May 28, the bill deadline date. It was then sent to the Senate where it was referred to the Senate Judiciary 4 Committee. The committee met on Tuesday, June 16 to discuss the measure. The meeting room was filled beyond capacity with interested parties spilling out into the hallway straining to hear the committee's discussion. Representative Billy Watkins was present to briefly describe how the bill proposes to change current law. Once he'd completed that task, he promptly left the room leaving the committee to pose any questions or comments to *(continued on next page)*

Nurse PAC contributor list grows

Nurse PAC Chairman Judith B. Seamon reports the recent addition of two registered nurses to the Nurse PAC contributor list. Patricia Chamings, dean of the School of Nursing at UNC-Greensboro, has contributed $200 and becomes Nurse PAC's ***first*** *Gold Contributor. Jo Rountree, a nurse practitioner from Sunbury, contributed $100 and is now proudly wearing her Silver Contributor Nurse PAC lapel pin.*

Ms. Seamon congratulated both of these nurses for their commitment to promote nursing's role in the political arena.

Message from the Executive Director

Clare LaBar

NCNA members — have we got a deal for you!

NCNA bylaws that recently made changes to the organization's structure allow for the formation of councils. Councils are the grassroots structural units that individual members may join and through which individuals may participate. They are the units in which members become acquainted, network with colleagues across the state, and thrash out the details of issues and concerns in a problem-solving way. Councils can be practice related, can relate to a functional area of nursing, or can relate to any other nursing topic or issue. Councils are not policy-setting bodies, rather they do the initial in-depth study of an issue and forward their recommendations to the parent Cabinet to which they report. The Cabinet in turn may act on the recommendations alone or may forward the recommendations on to the NCNA Board. The generation of subjects for study and issues for policy consideration frequently begins in councils — the building blocks, the grassroots groups, the basic fundamental parts of the association's structure.

On November 1, 1987, the date the new NCNA structure officially goes into place, eleven councils will be operational. Some of these are conversions from current conference groups and divisions and others are completely new. Each has applied and received council status from the NCNA Board of Directors. Their names and their parent cabinets are as follows:

Cabinet on Practice
Council of Primary Care Nurse Practitioners
Council on Medical-Surgical Nursing
Maternal-Child Health Council
Gerontological Council
Community Health Council
Psychiatric/Mental Health Nurses in Advanced Practice
Psychiatric/Mental Health Council
Nursing Management Council

Cabinet on Education and Resource Development
Council on Associate Degree Nursing
Council on Diploma Education
Council on Baccalaureate and Higher Degree Education
Continuing Education Council

Make yourself a note now, if you are interested in joining any of these groups. Criteria for membership in all councils are that you must be an NCNA member and you must have an interest in the councils' scope and purpose. A few councils (continuing education, nursing management, PMH nurses in advanced practice, and community health) have additional stipulations that council members must be working in the respective practice area, and one council, Psychiatric/Mental Health Nurses in Advanced Practice, wants at least a masters degree in PMH nursing for its members. If you have an interest in or are practicing in any of the areas related to the above named eleven councils and are not already involved, start networking with your colleagues for involvement and call NCNA headquarters for information on council affiliation.

One more thing. You may have noticed that your practice area is not one of the eleven listed above. If this is the case, you and your colleagues may form an entirely new council. All you have to do is have a sufficient number of nurses in the area of interest, and the scope of interest must be consistent with NCNA policy. Then you are ready to contact NCNA headquarters for procedures on how to formally apply for council formation.

This is our deal for you — an opportunity for frontline members to address common concerns through peer groups. This peer involvement can be the beginning of a collegiality and sharing that provides the framework for additional participation in other parts of NCNA's structure — and gratification for belonging to NCNA!

1987 legislative session

from page 7

Bob Mallot from the Office of Administrative Hearings. Committee Chairman R. C. Soles asked of those present if anyone wished to speak *in support* of HCS978 and *no one* came forward. With that, Senator Kenneth Royall offered a motion that the bill be sent to a subcommittee for consideration and the motion passed unanimously. The subcommittee is chaired by Senator Royall (D-Durham). Other members are Senator David Parnell (D-Parkton) and Senator Dennis Winner (D-Asheville). At the time of this writing, our assessment indicates that the majority of the subcommittee members are not in support of HCS978.

NCNA is opposed to HCS978. The Board of Nursing (and other occupational licensing boards) were created, in part, to regulate the respective profession and protect the interests of the consumer public. HCS978 would potentially remove the authority to fulfill that charge and place that authority in the hands of administrative law judges who have no understanding of the intricacies of the health care field or other very specialized professional disciplines. The responsibility to regulate nursing *must* remain with the N.C. Board of Nursing to assure that those most knowledgeable about the profession are accountable for the regulation of the profession.

NCNA will continue to monitor this bill closely.

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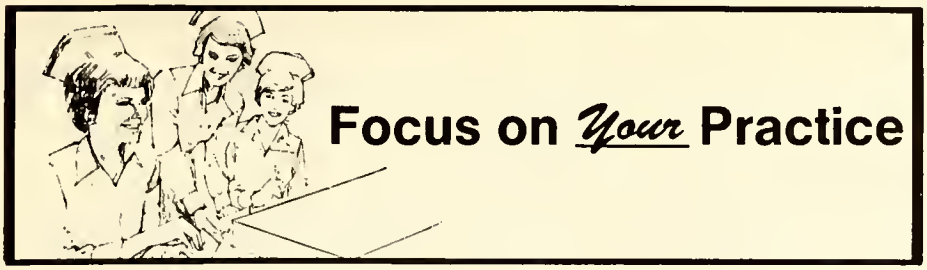
HB354, "an act to prohibit patient abuse and neglect", was reviewed in the May/-June issue of the *Tar Heel Nurse*. A committee substitute for the bill was approved by the House Judiciary 3 Committee on May 19. NCNA had expressed two primary concerns as identified in the May/June issue about the original bill which are taken care of by the committee substitute. HCS354 now calls for the district attorney to issue criminal process for violations. The language citing "adequate care or treatment" was deleted. The bill now reads as follows . . . "It shall be unlawful for any person to physically abuse a patient of a health care facility or a residential care facility, when the abuse is the result of an intentional or culpably negligent act or omission which causes serious bodily injury or death." The bill further defines culpably negligent as "conduct of a willful, gross and flagrant character, evincing reckless disregard of human life".

The bill passed both readings in the House on May 25. It then went to the Senate where it was assigned to the Judiciary 2 Committee. The bill sponsor, Rep. George Miller, was not able to attend the meeting so left the bill explanation to Allen Briggs, a

(continued on page 10)



Organ and Tissue Donation

Mary Lou Moore, RNC, PhD, FAAN

Since 1968, adults have had the legal right to make their wishes known concerning organ and tissue donation. In the absence of an expression of such a desire by the deceased, the decision to donate organs and/or tissues becomes the right of the family.

In the 1980's, the variety and number of organ transplants has increased markedly. Each year in the United States there are more than 7,000 kidney transplants, 300 heart transplants and liver transplants. The pancreas, heart/lung and cornea are other transplantable organs.

It is estimated that many more persons could benefit from transplant surgery if organs were available. Of potential organ donors, only 15% actually become donors. This lack of donated organs has led to federal legislation through the hospital organ protocol provisions of Title XI of the Social Security Act, and proposed state legislation, in pending House Bill 285 in the North Carolina General Assembly. Both acts, using similar language, require hospitals to establish written protocols to assure that families are aware of their option to donate or decline to donate organs. These bills (the federal statute is already law, regardless of the outcome of the state statute) raise a number of issues in relation to nursing practice that require immediate consideration.

ANA addressed issues related to transplantation during the June 1987 ANA House of Delegates. The post-convention issue of the *American Nurse* carries details on house action regarding this issue.

Nurses must consider . . .

1. *Who will write the required protocols within institutions?*
   In every hospital, nurses should be members of the committee writing protocols, because the protocols will undoubtedly affect nursing practice.
2. *How many institutional protocols affect nursing practice?*
   In many hospitals, nurses may be responsible for approaching family members of potential organ and tissue donors. Initial nursing assessment may include assessment of a patient's potential as an organ donor (i.e., expression of the patient's wishes as through a donor card, written statement or in some other form). Nurses should also be participants in an ongoing evaluation of institutional protocols.
3. *In what other ways may nursing practice encompass issues relating to organ transplantation?*
   As nurses, we can take the lead in educating all persons in the community about issues relating to organ and tissue donation, before the time of death. Business sites, churches, schools and community centers are potential sites for educational efforts. Information and discussion can be available where people receive ambulatory health care.
4. *How can we educate ourselves to be leaders in issues related to organ transplant?*
   We can read about and discuss ethical, religious and cultural issues related to transplantation in order to clarify personal beliefs and to understand the perspective of patients and their families. In addition, we can consider the best ways to provide support for families of potential and actual donors of organs and tissues.

A bibliography of articles related to nursing practice and organ transplants may be obtained from NCNA by sending a self-addressed stamped envelope to NCNA, P.O. Box 12025, Raleigh, NC 27605.

ICN/3M Fellowships Available

Applications are available from ANA for the ICN/3M Nursing Fellowship Program for 1988. Three $7500 awards will be presented.

ANA's Cabinet on Nursing Education will select ANA's nominee. The candidate must be engaged in a program of doctoral study. All nominees must also be active in SNA (NCNA) or ANA activities. A complete copy of the criteria may be obtained from NCNA.

Think Membership

NEWS BRIEFS

The American Association of Critical-Care Nurses has developed a position statement on "Guidelines for Admission/Discharge Criteria in Critical Care." Copies may be obtained by sending a self-addressed, stamped, business-size envelope to AACN, Admission/Discharge Position Statement, One Civic Plaza, Newport Beach, CA 92660.

The Michigan Association of Colleges of Nursing has produced a document entitled, *Reaffirming a Commitment: The Role of Liberal Arts in a Professional Nursing Curriculum.*

The Fourth Annual Fall Conference on Nursing History will be held September 27-29, 1987 at the Austin Marriott at the Capitol, Austin, Texas. For information write: Director for Continuing Education, The University of Texas at Austin School of Nursing, 1700 Red River, Austin, Texas 78701-1499.

The MCN Convention, September 27-30, 1987 in New Orleans will address the issue of "Preventing Recurrences in Adolescent Pregnancies." For more information, contact: Deborah Johnson, Meeting and Exhibits Manager, The MCN Convention, 2 Park Avenue, Suite 1100, New York, NY 10016 or 212-686-6070.

Medical College of Georgia is sponsoring a workshop on "Neonatology — The Sick Newborn", September 30 - October 2, 1987 at the Hyatt Regency, Savannah, Georgia. For information write: Division of Continuing Education, Medical College of Georgia, Augusta, Georgia 30912-6450 or call 1-800-221-6437.

The AMA 8th National Conference on Impaired Health Profesionals will be held October 8-11, 1987 at the Drake Hotel, Chicago, Illinois. For information or to register call 1-800-621-8335.

A National Interdisciplinary Seminar on Down Syndrome will be held October 9-10, 1987 at the Quaker Square Hilton, Akron, Ohio. For information contact the Blick Clinic, Inc., Seminar Headquarters, 640 West Market Square, Akron, Ohio 44303-1465 or call (212) 762-5425.

The Sixth Annual Conference on Prescription Drug Information and Education will be held at the Mayflower Hotel in Washington, DC, November 16-17, 1987. For information contact The National Council on Patient Information and Education, 1625 I Street, NW, Suite 1010, Washington, DC 20006.

Funds are available to assist nurses wishing to attend the 1988 Annual Meeting of the American Cleft Palate Association in Williamsburg, Virginia, April 26-29, 1988. To obtain application forms write A.C.P.A. National Office, 331 Salk Hall, University of Pittsburgh, Pittsburgh, PA 15261 or call (412) 681-9620. They have also issued a call for papers to be presented at this meet-

(continued on page 28)

NEWS NOTES FROM:

Primary Care Nurse Practitioner Conference Group

Joyce L. Nixon, Chairman
Primary Care Nurse Practitioner Conference Group

Have you noticed how crisis unites us? Perhaps this is the chief saving grace of any crisis. We are forced to put aside polaric views and haughty epithets of bias concerning professional issues once we realize at ground level we are equal in the fact of certain crises and that to survive we must team up and work together. Just such a thing has occurred with the malpractice insurance issue.

Much dialogue is being exchanged. Many have volunteered time and energy to obtain information and support from legislative leaders, our state insurance commissioner, and NPs across the state. A North Carolina malpractice survey of claims data will be made.

How fortunate we were to have had our spring symposium close to the time that the insurance crisis news broke. This gave us good opportunity to hear Tom Nickels, our ANA lobbyist, give us details of strategies to use to resolve the problem. He encouraged us to write legislators to gain support for our cause. He advised us to say it in a page or less, be informational, anticipate the legislators' questions. He suggested the formation of coalitions with other groups. (The N.C. Chapter of the AARP has been contacted and the state director of this group has sent a letter to Jim Long in support of our concerns regarding liability insurance.)

He recommended being politically active and supporting candidates who favor us with our time and energy, if money is not available to contribute. As we talk with legislators regarding our concern we must take care not to sound costly. Legislators constantly think in terms of how much any issue will cost the public. Be familiar with your legislators' biases.

In addressing the media Tom advised us to focus attention on how this issue would cause *denial of health care to consumers* rather than how it would affect us as NPs personally. He suggested cultivating a relationship with media editors and boards of directors. He warned that media can be rude, but to let go of one's ego and press on for the cause. Generally the media favors the concerns of nurses/NPs.

Tom also updated us on third party reimbursement (TPR) issues. In January 1986 both houses of Congress voted yes to reimburse nurses. President Reagan vetoed it. President Reagan has a strong connection with the AMA. This year it is being discussed again with Representative Gephardt (D-Missouri) and Senator Chafee (R-Rhode Island) both of whom are in support of TPR. Final outcome of this issue is yet to be seen. To stay abreast you'll want to subscribe to *Capital Update,* Washington Office, ANA, 1101 14th Street NW, Washington, DC 20005. Those bills involved with TPR are HR1161 and S1010, companion bills dealing with "Medicare Community Nursing and Ambulatory Care Act", and Federal Employee Health Benefits Program Bill (HR382). Write your Senator and Representative in the House to support these bills. So far none of our (N.C.) national legislators are listed as co-sponsors of the bill.

Of interest to all of you may be the news that as of June 2, 1987 Karen Knutsen, MSN, RNC, testified on ANA's behalf before a U.S. Senate Judiciary Committee on the dire need to repeal the McCarren-Ferguson Act which presently gives the insurance industry blanket exemption from federal antitrust laws thereby allowing them to withhold information regarding claims data without justification. This need for repeal is also being discussed in other legislative circles.

Judy Collins, who now chairs the National Alliance of NPs, also attended our spring symposium and her perspective on the current insurance crisis was also appreciated. Judy was due to meet with the Chicago Firemens Fund Group in Chicago on May 19 to address the issue. No report has come from this meeting as yet. Judy was supportive to all the ideas as presented by Tom Nickels.

By the time you are reading this some issues may already be decided but the type of attitude and action which have just been described remain a current and ongoing need. As an NCNA-PCNPCG member share your info with a non-member and encourage them to join our ranks and become a part of the action.

Are you planning now to attend the NCNA convention in October to be with your colleagues to discuss all these concerns and be a part of those who decide the course for our Primary Care Nurse Practitioner Conference Group? I hope to see you there with lots of questions and lots of answers.

Share the good word about NCNA membership

1987 legislative session

from page 8

representative of the Attorney General's office. Mr. Briggs did an excellent job of explaining how the controversial issues of the original bill had been dealt with by intense negotiations between Mr. Miller, representatives of the Attorney General's office and lobbyists from a number of health care provider groups to design the proposed committee substitute. During debate on the bill, one senator specifically asked to hear from some of the provider group representatives who had initially voiced concern about the bill. Chairman Joe Johnson (D-Wake) called on NCNA's lobbyist and we were able to articulate our voice in support of the measure. The committee then gave the bill a favorable report and sent it on to the Senate floor for debate where it was passed on both second and third readings. The measure was ratified on July 1.

• • •

On June 18, the General Assembly ratified HB695, a bill dealing with hypodermic needle destruction. The new law makes it "unlawful for any firm, organization, corporation, hospital or medical clinic, or their agents or employees to discard a hypodermic syringe or needle unless such instrument is unbroken and placed in an incinerator or in a hardwalled container and disposed of in a sanitary landfill." Hypodermic needles accidentally broken should be disposed of in a like manner.

The statute becomes effective on November 1 and does not apply to the discarding of hypodermic needles after personal use by individuals who are under a physician's care.

• • •

House Bill 246 (reviewed in the May/-June issue of the *Tar Heel Nurse*) dealing with the authority of county commissioners over local boards of health, mental health, and social services was ratified on May 20. The law elevates the population criterion to 425,000 for counties that seek to expand the county commissioners' authority over these local boards. Thus, Mecklenburg County will be the only county commissioner group with this power until such time as other counties reach the 425,000 population level.

• • •

House Bill 185 was introduced by Rep. David Diamont (D-Pilot Mountain). The bill originally called for *four* pilots to be assigned on a rotating basis for each aircraft ambulance helicopter. Debate in both chambers revealed the need for a study of the issue of air ambulance safety. Therefore, a House Committee Substitute for HB185 was rati-

(continued on next page)

Focus on Districts

by Joy Reed

Kay Jackson, Chairman
Public Relations Committee

NCNA districts celebrated Nurses Day in a variety of ways. Some highlights were featured in the May-June *Tar Heel Nurse*. Other activities are featured in this article.

District One distributed "Code for Nurses" bookmarks to major employers of nurses in the area. Hettie Garland, Joyce Stout, and Don Greiner were interviewed by WCQS radio on the talk show "Conversations." Several local florists announced Nurses Day on their marquees.

District Three purchased an advertisement in the *Winston-Salem Journal*. News releases were distributed to several local and cable television stations, radio stations, and newspapers. First Financial displayed the Nurses Day theme on their marquee for one week.

In *District Five*, the Mecklenburg Council of Nursing Organizations held a banquet on May 6 with Dorothy Talbot as the speaker. Mary Frances Coffey was profiled in a newspaper article on Nurses Day. *The Charlotte Observer* published an article about nursing and highlighted the work of Barbara Balowsky.

Members of *District Nine* contacted local radio stations with personal messages about Nurses Day. Local businesses advertised the occasion on their marquee.

District Eleven held a continuing education program on "Entry into Practice: Do you Know the Facts." This was followed by their annual banquet featuring Waltye Rasulala of WRAL-TV as the speaker on "Nursing Image: Working with the Media."

District Fourteen was successful in securing media coverage in a variety of ways. The Fayetteville Observer honored nurses in a Sunday feature article prior to Nurses Day. WFNC radio interviewed Betty Thomas and Mary James about the nursing shortage on the "Top of the Morning" talk show. Brenda Cooper, Helen Gibbs and Maagy Harrison were guests on Channel 40-TV's "Carolina Spotlight" with Betty Yow. The topic was "Nursing, Where It Is and Where It's Going." On May 8, WFSS radio interviewed Linda Mitchell and Dr. Ann Harley, Dean, Methodist College Nursing program. The topic was "Nursing and the future of the health care system."

District Nineteen celebrated Nurses Day by honoring the 1987 College of the Albemarle associate degree nursing class and awarding scholarships at a luncheon at the home of Lucinda Richardson.

In *District Twenty-Eight*, a Nurses Day Proclamation was signed by Mayor Robert Gibbons.

District Thirty-Four held a reception for nurses on May 4. They also nominated a "Professional Nurse" and honored her with a plaque and publicity on Nurses Day. Members also contacted local radio stations and businesses for assistance in celebrating the occasion.

Many employers of nurses celebrated Nurses Day providing a variety of honors for their nurses. The Public Relations Committee thanks them for their recognition of this special day.

1987 legislative session

from page 10

fied on June 8 requiring the N.C. Medical Care Commission to study helicopter ambulance safety and to report to the Speaker and Lieutenant Governor on or before the first day of the 1988 session.

• • •

Based on a recommendation from the Commission on Practice, NCNA's Board of Directors took action on June 26 to support House Bill 285, "an act to require hospitals to establish protocols for organ procurement". The measure is designed to facilitate organ and tissue donation and calls upon hospitals to establish written protocols for the identification of potential organ and tissue donors that:

- assure that the families of potential organ and tissue donors are made aware of the option of organ or tissue donation and their option to decline;
- encourage discretion and sensitivity with respect to the circumstances, views and beliefs of such families;
- require that an organ procurement agency be notified of potential organ and tissue donors; and
- assure that procedures are established for identifying and consulting with holders of certified donor cards.

The proposed statute specifies that neither organ nor tissue donors or their families will be held financially liable for any costs related to the evaluation of suitability of the donor organ or tissue for transplantation or any costs of retrieval of such.

The definition of "organ and tissue donors" tracks that in Title XI of the Social Security Act with the addition of language to specify cornea and tissue donors.

NCNA will work in support of this measure.

YOUR BEST CHOICE FOR PCNPCG CHAIRPERSON
JAN WOLFE

FROM MURPHY TO MANTEO, NURSE PRACTITIONERS ARE TALKING

JAN WOLFE is the best candidate. She is hard-working, thorough, follows through on commitments . . . and has a good working knowledge of NCNA.

—*Linda Tull, MAHEC*

JAN WOLFE has demonstrated great enthusiasm and leadership in the conference group.

—*Tommie Pratt, Greenville*

Education
MS/FNP Medical College of Virginia/ Virginia Commonwealth University
BSN Medical College of Virginia/ Virginia Commonwealth University

Experience
Currently employed as FNP at Wake Teen Medical Services, Inc., Raleigh. Past experience includes Planned Parenthood of Greater Raleigh, Wake Health Services, Orange County Health Department.

Professional Activities
Currently Vice-Chairman, NCNA Continuing Education Provider Unit; PCNPCG Continuing Education Planning Committee member; Wake/Central Region NP Conference Group, Regional Liaison Person; ANA certified FNP.

Goals
- Encourage regional groups to becomemore active and to take part in state and national NP-related activities
- Improve image of NPs and increase our visibility with the public
- Provide high quality CE offerings both at local and state levels
- Become politically active on behalf of NPs and health care issues
- Work effectively as an organization to solve the liability insurance crisis

PAID ADVERTISEMENT

Nominating and absentee voting timetable and procedure

August 28, 1987—Deadline for publishing slate prepared by Nominating Committee. Slate will be published in July-August *Tar Heel Nurse*, accompanied by a form for self-declaring for office and notice of deadline for self-declaring.

September 18, 1987—Deadline for self-declarations to reach Nominating Committee. NCNA consent form must be used.

September 25, 1987—Nominating Committee rules on qualifications of self-declared candidates. Ballot is printed.

October 7, 1987—Deadline for members to request absentee ballot. Request must be accompanied by stamped #10 (4" x 9½") self-addressed envelope. The following will be mailed to each bona fide member requesting absentee ballot:

1. ballot
2. instructions for marking and mailing ballot
3. brief biographical data on self-declared candicates
4. unmarked inner envelope to be signed by voter
5. marked outer envelope to go to chairman of tellers

October 7, 1987—Absentee ballots mailed to members requesting.

October 14, 1987—Deadline for postmarking of voted absentee ballots to be returned to NCNA secretary.

Biographical information on self-declared candidates will be available at polls for members voting at polling place.

Voting day at convention—Absentee ballots delivered to tellers.

RE-ELECT FRANCES EASON

as

Nurse Educator

to *your*

N.C. Board of Nursing

EDUCATION

- Diploma in Nursing — Park View Hospital
- BSN and MSN — East Carolina University
- M.Ed. and Ed.D. — N.C. State University

EXPERIENCE

- *Nurse Educator* — (14 years) at East Carolina University, Atlantic Christian College, N.C. Wesleyan
- *Nursing Staff* — Park View Hospital, Wake Medical Center and Nash General Hospital
- *Nurse Member* — N.C. Board of Nursing 1985-87, NCNA District 20, NCLN, Sigma Theta Tau

I appreciate your VOTE

PAID ADVERTISEMENT

ELAINE MARTIN FOR BOARD OF NURSING

ELAINE MARTIN FOR BOARD OF NURSING

Elaine Martin, RN, MSN, is running as a candidate for the Board of Nursing in the hospital nurse category and is seeking your voting support. She is currently on the Board as the hospital nurse and has served the last two years as Vice Chairman of the Board. Elaine has been a RN for eleven years and during that time has been a staff nurse, assistant head nurse, clinical instructor, and is currently the Head Nurse in the open heart unit at Duke Hospital. Her major reason for seeking a position on the State Board is "to represent nurses and promote nursing in North Carolina."

VOTE *ELAINE MARTIN* IN THE UPCOMING ELECTION.

PAID ADVERTISEMENT

PROUD TO CARE

American Nurses' Association

1988 Convention / June 11-15 / Louisville, Kentucky

BEFORE YOU MOVE ...

... please let us know! To be sure you don't miss copies of TAR HEEL NURSE, send change of address to NCNA, P. O. Box 12025, Raleigh, NC 27605.

The NCNA Peer Assistance Program Committee

presents

PROFESSIONAL IMPAIRMENT: ISSUES AND ANSWERS

September 25, 1987
7:45 a.m. Registration
8:30 a.m.-4:15 p.m. Program

Sheraton Greensboro Hotel
Three Southern Life Center
Greensboro, N.C.

Overview

Professional nursing recognizes the problem of impairment of the nurse resulting from abuse of alcohol and/or drugs. This workshop is designed to assist participants in recognizing the problem of chemical dependency and in understanding options available for those who are impaired.

Who Should Attend?

Nurses, nurse administrators and managers, nurse educators, and nursing students.

Objectives:

Upon completion of the workshop, the participant will be able to:

- Describe the concept of impairment due to chemical dependency
- State the scope of the problem including risk factors
- Identify ethical and legal issues involved in nurse impairment
- Discuss options regarding treatment and re-entry
- Explain the NCNA Peer Assistance Program

Faculty

Barbara J. Bennett, RN, MSN
Assistant Professor of Nursing
Western Carolina University
Cullowhee, North Carolina

Marie Cancemi, RN
Primary Nurse, Rehabilitation Unit
The Moses H. Cone Hospital
Greensboro, North Carolina

Frances Eason, RN, EdD
Member, N.C. Board of Nursing
Raleigh, North Carolina

JoAnne B. Lewis, RN, MS
Lecture/Clinical Instructor
East Carolina University
Greenville, North Carolina

Donna Mooney, RN, BSN
Staff, N.C. Board of Nursing
Raleigh, North Carolina

Kay Rhoades, RN, BSN
Primary Nurse
Upjohn Healthcare Services
Southern Pines, North Carolina

Karen Stone, RN, BSN
Nursing Manager
Pinehurst Treatment Center
Pinehurst, North Carolina

Russell Eugene Tranbarger, RN, CNAA
Administrator for Nursing
The Moses H. Cone Hospital
Greensboro, North Carolina

Program

7:45 a.m.- 8:30 a.m.	Registration
8:30 a.m.- 8:45 a.m.	Welcome
8:45 a.m.- 9:30 a.m.	Concept of Impairment
9:30 a.m.-10:15 a.m.	Nurses at Risk
10:15 a.m.-10:30 a.m.	Break
10:30 a.m.-11:30 a.m.	Recognition and Treatment
11:30 a.m.-12:15 p.m.	Role of the Employer
12:15 p.m.- 1:30 p.m.	Lunch
1:30 p.m.- 2:15 p.m.	N.C. Board of Nursing Disciplinary Activities
2:15 p.m.- 3:15 p.m.	NCNA Peer Assistance Program
3:15 p.m.- 3:30 p.m.	Break
3:30 p.m.- 4:00 p.m.	Recovery: A Personal View
4:00 p.m.- 4:15 p.m.	Summary and Evaluations

HOTEL ACCOMMODATIONS: A block of rooms will be held for September 24 at the Sheraton Greensboro Hotel until *August 24* — at a rate of $62 for single or double occupancy. Make reservations directly with the hotel by calling (919) 379-8000. You must specify that you are with the NCNA workshop group to receive the reduced rates.
CREDIT: NCNA is accredited as a provider of continuing education for nursing by the Eastern Regional Accrediting Committee of the American Nurses' Association. Participants will receive 7 contact hours for attending the entire program.
CANCELLATION POLICY: NCNA reserves the right to cancel if attendance is inadequate to cover expenses associated with workshop production. Cancellation by participants within 48 hours of workshop will not be eligible for refund.
REGISTRATION DEADLINE: September 4, 1987

Pre-Registration Form

PROFESSIONAL IMPAIRMENT: ISSUES AND ANSWERS

Name _____ Phone (h) _____ (w) _____

Address _____

Employer/Position _____

Registration fee: Note . . . A block of seating for 15 student participants has been reserved at a special workshop fee of $20. Reservations for this group at the special rate will be taken on a first-come, first-serve basis until September 4. Any vacancies existing in the block at that time will be released to other registrants. Students who do not register by September 4 or who are not among the first 15 registering prior to that date will pay the NCNA member rate of $35.

Fee enclosed . . . ☐ $35 NCNA Member ☐ $45 Non-Member ☐ $20 special rate for students in any nursing education program (limited to 15 students at this special rate)

Registration fee includes workshop materials, breaks, and luncheon.
Make check payable to NCNA and mail with registration form to: NCNA, P.O. Box 12025, Raleigh, NC 27605. Registration deadline is September 4, 1987

Steering Committee

The Steering Committee met on May 8, 1987. Task Force activities to date were reviewed as well as the framework for the long range plan. The committee directed that the chairs of the Task Forces meet on a regular basis to facilitate communication and planning.

Two convention activities will focus on the Steering Committee and the "entry" issue. The Commission on Education will present a program on Friday, October 30, 4:00-6:00 p.m.; members of the Steering Committee will be available as resources during this program. In addition, the Steering Committee will facilitate a "question and answer" session during the last hour of the Resolution Forum on Thursday, October 29, 8:30-10:30 a.m.

All of the Task Forces have had an initial organizational meeting; several of the Task Forces have met twice. All Task Forces are continuing to identify initial membership which will continue to change as Task Force activities increase. The charge and membership to date for each Task Force are:

Task Force on Nursing Constituencies

CHARGE: To develop and implement plans, strategies and mechanisms for communicating and sharing information with and gathering input from all nursing constituencies re: The Entry Into Practice Issue and NCNA Goals.

Membership to date:

Lynnette Bowden Ball, Kernersville; Jane B. Brown, Marion; Mable Carlyle, Black Mountain; Loletta Faulkenberry, Burlington; Laurice Ferris, Chapel Hill; Diane Fogleman, Hickory; Emilie Henning, Greenville; Gwen Jones, Durham; Nancy Sumner, Rockingham; Linda Wright, Morganton.

Task Force on External Constituencies

CHARGE: To identify all external constituencies who might have an interest in and who could influence implementation of two levels of entry into practice; *and* to develop and implement specific strategies for each external constituency in order to communicate with and gather data from, as well as to influence and promote consensus among the groups.

Membership to date:

Hettie Garland, Chair, Asheville; Pat Ausband, Morehead City; Patti Fralix, Wilson; Nancy Langston, Charlotte; Theresa Lawler, Greenville; Eloise Lewis, Greensboro; Frances Miller, Raleigh; Mercedes O'Hale, Fayetteville; Doris Patterson, Madison; Judy Seamon, Morehead City; Rachel Stevens, Chapel Hill; Brenda Thompson, Chapel Hill.

Task Force on Statewide Educational Needs

CHARGE: To project educational needs in the state under a system of two levels for entry into practice; to make recommendations for change in the state's nursing educational system; and to develop and implement strategies for soliciting the support of key members in the state's nursing educational system.

Membership to date:

Beverly Malone, Chair, Greensboro; Marcia Brooks, Concord; Jane B. Brown, Marion; Jean Crawford, Charlotte; Davy Crockett, Kernersville; Mitzi Holton, Charlotte; Johnea Kelley, Durham; Jane Ray, Raleigh; Beverly Smith, Durham; Linda Wallace, Robbins; Joyce Smyrski, Board of Nursing Consultant.

Task Force on Scope of Practice

CHARGE: To develop a proposed *legal* definition of scope of practice for two levels of nursing practice.

Membership to date:

Gene Tranbarger, Chair, Greensboro; Margery Adams, Hickory; Mable Carlyle, Black Mountain; Jane Fox, Charlotte; Louise Jones-Gooche, Durham; Sammy Griffin, Durham; Kathleen Harwell, Gastonia; Annie Hayes, Whiteville; Karen Linnon, Durham; Gracia McCabe, Greensboro; Linda Phillips, Shelby; Susan Kennerly and Elaine Martin, Board of Nursing Consultants.

Task Force on Legislative/Political Strategies

CHARGE: To assist the other Task Forces related to political process/strategies *and* to develop a political strategy for implementing the action plan on entry.

Membership:

Ernestine Small, Chair, Greensboro; Ruby Barnes, Raleigh; Hazel Browning, Raleigh; Sheila Cromer, Thomasville; Carolyn Goforth, Shelby; Gale Johnston, Raleigh; Ed Kirkpatrick, Jamestown; Sandra Maree, Winston-Salem; Rebecca Mitchell, Raleigh.

Task Force on Cost Analysis/Fund Raising

CHARGE: To project the cost of strategic plans to implement two levels for entry into practice; and to raise additional funds to cover expenses for this activity.

Membership:

Marlene Rosenkoetter, Chair, Wilmington; Sheila Englebardt, Greensboro; Hettie Garland, Asheville; Clare LaBar, Raleigh.

The next meeting of the Steering Committee is August 19, 1987. If you have ideas, concerns or questions for any of The Task Forces, please write or call Joy Reed at NCNA (919-821-4250).

Editorial Board Appointed for Nursing Update Series

The Board of Directors of the North Carolina Nurses Association has appointed the editorial board for the Nursing Update Series, a modular self-instructional program which will focus on the older adult. NCNA and the editorial board will be working in collaboration with Continuing Professional Education Center, Inc. (CPEC) which has marketed similar programs for other groups such as NAACOG. It is anticipated that this program will be available for distribution by January 1, 1988. Advance publicity will be available in the exhibit hall at the NCNA convention, October 28-31, 1987.

Those appointed to the editorial board are:

CAROLYN V. BILLINGS, MSN, RN, CS, Nursing Consultant and Nurse Therapist in independent practice.

REBECCA CARNES, MSN, RN, Clinical Instructor, School of Nursing, University of North Carolina at Chapel Hill

CORRE GARRETT, EdD, RN, CCRN, Assistant Professor, School of Nursing, East Carolina University.

ANNIE L. HAYES, MPH, RN, Public Health Nursing Consultant, Adult Health Section, N.C. Department of Human Resources, Division of Health Services

LINDA C. HODGES, EdD, RN, Associate Dean for Academic Programs and Professor of Nursing, University of North Carolina at Greensboro

MARY ANN MATTESON, MSN, RN, Clinical Assistant Professor and Research Associate, University of North Carolina at Chapel Hill

SUE NORVILLE McINTIRE, EdD, RN, Associate Professor, Nursing Graduate Program in Oncology, Duke University

ANGELA M. STAAB, MN, RN, FNP-C, Nurse Practitioner in Comprehensive Health Care Program, Moses H. Cone Memorial Hospital

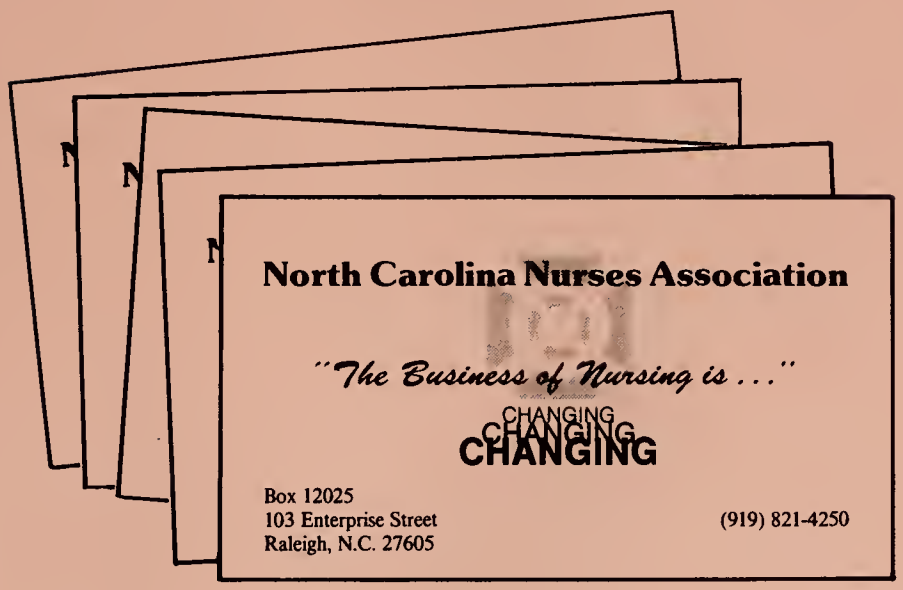
ELECT
MARY B. BAILEY, RN
TO THE N.C. BOARD OF NURSING
AS HOSPITAL-EMPLOYED RN

- BSNE, MSN, CNAA
- 31 years Registered Nurse
- 28 years hospital employed
- 27 years N.C. resident
- ANA, NCNA, NLN member

PAID ADVERTISEMENT

1987 Convention

North Carolina Nurses Association



October 28-31, 1987

Adam's Mark Hotel
Charlotte, NC

REGISTRATION FORM
1987 NCNA CONVENTION

October 28-31, 1987
Adam's Mark Hotel

Name _____ District _____

Address _____
(City/State) (Zip)

Telephone (home) _____ (work) _____

Note: Student on-site fee is $7.50 higher; all other on-site fees are $15 higher

ENTIRE CONVENTION (includes dinner 10/28 and 10/30; lunch 10/29; coffee with exhibitors)

( ) Member $135 ( ) Non-Member $270
( ) Student (full-time, member NCNA or NCANS) $101 ( ) Student non-member $202
( ) Retired (members 62 years of age or older) $101

ONE DAY ONLY:	( ) Wed., Oct. 28 (includes dinner)	( ) Thurs., Oct. 29 (includes lunch)	( ) Fri., Oct. 30 (includes dinner)	( ) Sat., Oct. 31
Member	$ 54	$45	$ 57	$12
Non-Member	$108	$90	$114	$24
Retired (members 62 years and older)	$ 35	$26	$ 38	$ 7
Student (full-time, member NCNA or NCANS)	$ 35	$26	$ 38	$ 7
Student non-member	$ 70	$52	$ 76	$14

A $15 charge will be deducted from each refund. NO REFUNDS AFTER OCTOBER 20.

Total Enclosed $ _____

MAIL CHECK TO: North Carolina Nurses Association, P.O. Box 12025, Raleigh, NC 27605

555 S. McDowell Street
Charlotte, NC 28204
704-372-4100
Toll-Free Reservations
1-800-231-5858

PLEASE PRINT OR TYPE
DON'T FORGET—
MAKE CHECK OR MONEY ORDER
PAYABLE TO ADAM'S MARK CHARLOTTE
DO NOT SEND CURRENCY.

ORGANIZATION: **N.C. Nurses Association**

FUNCTION: **NCN7987** DATES: **October 26-31, 1987**

ALL REQUESTS FOR THE ABOVE GROUP MUST BE RECEIVED BY: **September 28, 1987**

Please reserve accommodations for _____ (MONTH / DAY / YEAR / ARRIVAL TIME) _____ (MONTH / DAY / YEAR / DEPARTURE DATE)

CHECK IN TIME 3:00 PM
CHECK OUT TIME 12:00 NOON

NAME _____ (LAST / FIRST) COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE # _____

SHARING ROOM WITH _____

SIGNATURE _____

CREDIT CARD # _____ EXPIRATION DATE _____

VISA, M.C., C.B., DINERS, AMEX, CHOICE (PLEASE CIRCLE)

PLEASE CHECK PREFERRED ACCOMMODATIONS

_____ $66.00 Single _____ $78.00 Double

AFTER GROUP CUT-OFF DATE, IF GROUP RATE IS NOT AVAILABLE, PUBLISHED RATES WILL APPLY. RATES ARE SUBJECT TO APPLICABLE TAXES. NO CHARGE FOR CHILDREN UNDER 18 OCCUPYING THE SAME ROOM AS PARENTS.

ACCOMMODATIONS WILL NOT BE HELD PAST 6 P.M. WITHOUT A CHECK FOR THE 1ST NIGHT'S DEPOSIT OR USE YOUR CREDIT CARD # TO GUARANTEE YOUR RESERVATION. YOU WILL BE CHARGED FOR THE 1ST NIGHT IF RESERVATIONS ARE NOT CANCELLED PRIOR TO 6 P.M. ON THE DAY OF ARRIVAL.

An Invitation From NCNA . . .

The North Carolina Nurses Association invites registered nurses to attend the 1987 Convention — "The Business of Nursing Is . . . Changing". The theme and program sessions will expand on the 1986 convention's exploration of nursing as a business and focus on challenging changes in the health care climate of today and tomorrow.

Convention Purposes

- ☐ Focus on changes that are challenging nurses and the profession of nursing and create a vision for the future.
- ☐ Emphasize the impact of the changing marketplace on the practice of nursing.
- ☐ Gain knowledge of the business model as it applies to achievement of autonomy in nursing.
- ☐ Identify issues critical to nurses and nursing in North Carolina.

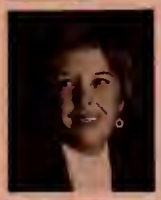
Experience The NCNA Convention!

- ☐ Keynote address by Dave Fellers, Director, Division of Marketing and Public Affairs, ANA
- ☐ Encore presentation by Cynthia Freund, speaker at 1985 NCNA Convention
- ☐ North Carolina's own Sally Todd addressing the nurse entrepreneur spirit
- ☐ CE credit for the continuing education segments of the convention program — included in your registration fee
- ☐ Exhibits by book companies, suppliers, drug companies, health care delivery facilities
- ☐ Coffee with exhibitors
- ☐ Election of officers for 1987-89 biennium
- ☐ One luncheon session and two dinner sessions — all included in your registration fee
- ☐ An evening of leisure to enjoy the city of Charlotte
- ☐ Forums where nursing leaders will address major issues confronting the professional association
- ☐ Peer associations to share concerns and ideas with colleagues who understand
- ☐ Educational and business meetings of special interest groups
- ☐ Nurse PAC reception honoring elected officials
- ☐ Awards banquet to recognize nurse excellence
- ☐ Sessions of the House of Delegates, where deicsions are made on important professional and association issues

Faculty

Fellers

Dave Fellers, CAE, has served since August, 1986 as the director of ANA's Division of Marketing and Public Affairs. He has a history of 16 years of association experience, including key positions as chief executive officer and executive vice president. Mr. Fellers' current position and an extensive background in marketing, government affairs and public affairs make him imminently qualified to deliver the convention keynote address, "Changes of the 80's: Challenges for the 90's".



Freund

Cynthia Freund, RN, PhD, is one of North Carolina's own. Although she was born in Illinois, she received her FNP certificate and MSN degree from UNC-CH. After completing doctoral study in administration at the University of Alabama, she has returned to use her talents as chair of Core Studies at UNC-Chapel Hill School of Nursing. Dr. Freund has written extensively. Her research and grant activities are numerous. Dr. Freund has made many presentatios at national meetings and is consistently acclaimed by many in her audience. She returns this year at the request of many who heard her NCNA Convention presentation in 1985. She will address "The Changing Marketplace . . . Nursing Meets the Demand".

Todd

Sally Todd, RN, MSN, is another of North Carolina's fine nursing leaders. Ms. Todd is currently President of Nursing Business News, Inc., a continuing education and publication firm emphasizing health care management. She is also editor and publisher of *Nursing Business News*, a newsletter for nurse managers. Ms. Todd's experiences make her an excellent choice to deliver the 1987 Elizabeth Holley Memorial Lecture, "Changing the Future of Health Care: The Nurse Entrepreneur Spirit".

You Can Attend

All program sessions are open to any person who registeres for the convention. Registration fees cover all convention working papers, coffee breaks with exhibitors, one luncheon, and two dinners.

Registration

Registration fees appear on the registration form in this special convention insert. Members of NCNA and those who preregister will enjoy a price advantage. No refunds will be made after October 20. Please preregister if at all possible! Persons who register on-site may not be able to attend sessions involving meal functions, since hotel guarantees are required in advance for meal functions.

Accommodations

The Adam's Mark Hotel is holding a block of rooms for the NCNA Convention until September 28. Make your room reservation before that date. A hotel reservation request form appears in this publication. Send it directly to the Adam's Mark Hotel.

On-Site Registration Hours

Wednesday, October 28 — 12:00 noon-7:15 p.m.
Thursday, October 29 — 8:00 a.m.-3:30 p.m.
Friday, October 30 — 7:00 a.m.-7:15 p.m.
Saturday, October 31 — 8:00 a.m.-9:00 a.m.

Convention Program

WEDNESDAY, OCTOBER 28

9:00 a.m. - 1:00 p.m.
Council of District Presidents

12:00 noon - 7:15 p.m.
Registration

1:00 p.m.-7:00 p.m.
Exhibits Open

1:00 p.m.-3:00 p.m.
Practice Divisions — biennial business meetings

3:00 p.m.-5:00 p.m.
Conference Groups, Sections — biennial business meetings

6:00 p.m.-7:00 p.m.
"Mixing Business and Pleasure" — meet the candidates cash bar

7:00 p.m.-9:30 p.m.
Keynote Dinner Session
"Changes of the 80's: Challenges for the 90's"
Speaker: Dave Fellers, CAE, Director, Division of Marketing and Public Affairs, American Nurses' Association

THURSDAY, OCTOBER 29

8:00 a.m.-3:30 p.m.
Registration

8:30 a.m.-9:30 a.m.
Forum on Resolutions

9:00 a.m.-3:00 p.m.
Exhibits Open

9:00 a.m.-4:00 p.m.
Voting

9:30 a.m.-10:30 a.m.
Open Forum with NCNA Steering Committee on Implementation of Two Levels of Entry Into Nursing Practice

10:45 a.m.-11:45 a.m.
Session on Parliamentary Procedure

12:30 p.m.-2:30 p.m.
Luncheon Session
"The Changing Marketplace . . . Nursing Meets the Demand"
Speaker: Cynthia Freund, RN, PhD, Chairman, Department of Core Studies, UNC-CH School of Nursing

3:00 p.m.-6:00 p.m.
Educational Forums — biennial business meetings and program session

5:00 p.m.-6:00 p.m.
Credentialing of Delegates

6:00 p.m. until
"A Break from Business" — leisure time

7:00 p.m.-9:00 p.m.
Voting

7:00 p.m.-9:00 p.m.
Optional Delegate Caucus Hours

FRIDAY, OCTOBER 30

7:00 a.m.-7:15 p.m.
Registration

7:00 a.m.-9:00 a.m.
Credentialing of Delegates

7:30 a.m.-10:30 a.m.
Voting

9:00 a.m.-12:00 noon
House of Delegates

12:00 noon-2:15 p.m.
Optional delegate caucus hours

2:15 p.m.-3:30 p.m.
Elizabeth Holley Memorial Lecture
"Changing the Future of Health Care: The Nurse Entrepreneur Spirit"

4:00 p.m.-6:00 p.m.
Optional Structural Unit Meetings
Commission on Education
"Entry Into Practice: Do You Know the Facts?"
Speakers: Members, Commission on Education

Committee on Legislation
Program Session
Speakers: To Be Announced

Continuing Education Approval Unit
Consultation session on new ANA guidelines

Peer Assistance Program Committee
"Peer Assistance Among Nurses: A Changing Attitude"
Speakers: Members, Peer Assistance Program Committee

Public Relations Committee
"How to Market Nursing and Nursing Activities Through Printed Media"
Speakers: To Be Announced

6:00 p.m.-7:00 p.m.
"Office Party" — Nurse PAC cash bar reception honoring N.C. Council of State and members of N.C. General Assembly

7:00 p.m.-9:30 p.m.
Awards Banquet

SATURDAY, OCTOBER 31

8:00 a.m.-9:00 a.m.
Registration

8:00 a.m.-9:00 a.m.
Credentialing of Delegates

9:00 a.m. until . . .
House of Delegates

1:00 p.m.-3:30 p.m.
Board of Directors

District Leadership Day A Big Success

Thirty-seven people representing 18 districts attended the annual District Leadership Day, June 22, 1987 at the Brownestone Hotel. Comments from participants included: "Many ideas to take home," "excellent role modeling," and "make this workshop a requirement for holding district office."

The theme for the day was "People Power." The morning session included an opportunity to meet the elected leadership of NCNA and to hear about the current activities of the structural units. Participants were also updated on the changes in NCNA's structure which will take effect at the end of the 1987 NCNA convention when the newly elected Board of Directors begins its term.

For the first time a luncheon providing additional networking opportunities was included as a part of the agenda and received excellent reviews from participants. Clare LaBar, NCNA's new executive director, also provided a brief address during the luncheon.

In the afternoon, district presidents (9 of the 16 in attendance were newly elected) held a Council of District Presidents meeting, while other participants attended small group discussions on membership marketing, public relations, or program planning. The day ended with a speech by Bill Stewart, Vice-Chairman of the Council of District Presidents, billed as "the gosh-darndest pump up speech in NCNA history."

Davy Crockett, Vice-President, shows off NCNA's plaque for five years of sustained membership growth.

Bette Ferree, Chairman of the Council of District Presidents, introduces luncheon speaker.

Joy Reed, Assistant Executive Director, explains bylaw changes while Council of District Presidents officers - Bill Stewart, Vice-Chairman, and Joanne Beckman, Secretary, look on.

Participants carefully compare diagrams of old and new structure as changes are explained.

Clare LaBar, NCNA Executive Director, provides luncheon address on "Personal Power for District Leaders."

Message from the Nominating Committee

The Nominating Committee is presenting this slate to the membership at least 60 days prior to the 1987 convention in compliance with requirements in the Bylaws.

Bylaws also assure the right of any member to self-declare for any office for which the member is qualified. On the facing page is an official form for self-declaring for any office listed on the slate. The deadline for self-declarations to reach the Nominating Committee is September 18, 1987. The official form must be used.

Immediately after September 18, the Nominating Committee will rule on qualifications of self-declared candidates, and the official ballot will be printed, with the names added of those determined to be qualified who have self-declared.

Members desiring to vote by absentee ballot in the 1987 election of NCNA officers may send a written request for an absentee ballot. This request must reach NCNA headquarters no later than October 7, 1987, and must be accompanied by a stamped #10 (4" x 9½") self-addressed envelope. On October 7 the absentee ballot will be mailed to current members requesting it.

Voting by absentee ballot is an option. The other option is to appear at the polls during scheduled voting hours at the convention and cast your ballot in person.

Candidates for NCNA Office 1987 Elections

President-Elect
Sheila Cromer, Thomasville
Gale Johnston, Raleigh

Vice-President
Virginia Adams, Winston-Salem
Wanda Boyette, Clinton

Secretary
Marlene Howlett, Carolina Beach
Harriette Taylor, Garner
Joyce Monk, Farmville

Treasurer
Jackie Pruett, Raleigh
Patti Fralix, Wilson

Chair, Cabinet on Constituent Assns.
Davy Crockett, Kernersville
Bill Stewart, Wilson

Chair, Cabinet on Education and Resource Dev.
Rosan Hutter, Durham
Linda Wright, Morganton

Chair, Cabinet on Gov. & Health Policy
Carolyn Goforth, Shelby
Therese Lawler, Greenville

Chair, Cabinet on Marketing
Susan Boette, Greensboro
Deborah Hutchinson, Durham

Chair, Cabinet on Practice
Martha Henderson, Chapel Hill
Olivia Street, Raleigh

Chair, Cabinet on Prof. & Economic Dev.
Rachel Stevels, Chapel Hill

Chair, Cabinet on Research
Margaret Bye, Raleigh
Mary Lou Moore, Winston-Salem

Committee on Nominations (five to be elected)
Wanda Boyette, Clinton
Edna English, Greenville
Laurice Ferris, Chapel Hill
Jean Gosnell, Lexington
Carol Koontz, Morganton
Eunice Paul, Charlotte
Rebecca Pitts, Asheville
Jane Ray, Raleigh
Eris Russell, Black Mountain
Judy Seamon, Morehead City

ANA Delegates (nine to be elected)
Virginia Adams, Winston-Salem
Sheila Arrington, Germanton
Carolyn Billings, Raleigh
Wanda Boyette, Clinton
Sheila Cromer, Thomasville
Sheila Englebardt, Greensboro
Bette Ferree, High Point
Rachel Funderburk, Morganton
Hettie Garland, Asheville
Jean Gosnell, Lexington
Charlotte Hoelzel, Wilmington
Gale Johnston, Raleigh
Johnea Kelley, Durham
Sharon Kerr, Winston-Salem
Beverly Malone, Greensboro
Olivia Street, Raleigh
Mac Stroupe, Greensboro
Gwen Waddell, Chapel Hill
Janice Young, Winston-Salem

1987 NOMINATION FORM FOR NCNA ELECTIVE OFFICE

PRESIDENT-ELECT, VICE-PRESIDENT, SECRETARY, TREASURER, NOMINATING COMMITTEE, CABINET CHAIRMEN, ANA DELEGATES & ALTERNATES

I WISH TO RUN FOR THE OFFICE OF _____

NAME _____ Credentials (RN, MSN, etc.) _____

Address _____ City _____ Zip _____

District _____ Area of Practice _____

School of Nursing _____

Additional Professional Education _____

_____

Present Position _____ Place of Employment _____

Professional Organization Activities (List offices and committees on national, state, or district level, for last five years.)

District _____

_____

State _____

_____

National _____

_____

Present Office(s) _____

_____

- The present policy of the Board of Directors does not allow travel reimbursement for meetings of NCNA structural units.
- The newly elected Board of Directors will hold a retreat, November 16-17, 1987 in Southern Pines. All elected members of the Board of Directors are expected to attend.
- January 8, 1988, is the date of orientation for cabinet, council and committee members. All cabinet, council and committee members and the elected leadership are expected to attend.
- The November/December 1986 *Tar Heel Nurse* contains the current bylaws. Please study these bylaws for responsiblities of elected officers.

If elected, I promise to serve the NCNA to the best of my ability in the promotion of the program adopted by the membership for the best interest of nurses and nursing.

Signed _____

Address _____

_____

Date _____

Telephone No. (Home) _____ (Office) _____

Mail to NCNA Headquarters, P.O. Box 12025, Raleigh, NC 27605
THIS FORM MUST BE RECEIVED NO LATER THAN SEPTEMBER 18, 1987.

NCNA actively pursues resolution of liability insurance crisis

by Hazel G. Browning
Associate Executive Director

One by one, nurses across this state and the nation are opening their mailboxes and finding bad news. It's professional liability insurance renewal time and the premiums "ain't what they used to be". Some who paid a $58 premium for a $1,000,000/$3,000,000 policy last year are facing a $553 premium this year for a $1,000,000/$1,000,000 policy; nurse practitioners (NPs) are in worse shape. If they had a $58 premium Maginnis policy with limits of $1,000,000/$3,000,000 last year they can continue a $1,000,000/$1,000,000 policy for $1500 If they didn't have it last year, they may not be able to find *any* coverage!

In the May/June issue of the *Tar Heel Nurse* the front page story revealed late breaking information about the "liability insurance crunch". Since that time, NCNA has been actively monitoring this issue and taking steps to find some remedy for NC nurses. Our efforts are aimed at addressing *both* angles — accessible, affordable professional liability insurance for NPs currently covered and for new NP business *and* accessible, affordable professional liability insurance for *all* registered nurses.

Commissioner Long's office assists

Commissioner of Insurance Jim Long and two of his key staff members, Roger Langley and Allen Feezor, have provided significant assistance to the nursing profession in the face of this crisis that should not go unacknowledged. The first call we placed after learning about the liability policy and premium changes was to Commissioner Long. He pledged at the outset the commitment of his office to assist us in investigating alternative insurance sources and to take a lead in the National Association of Insurance Commissioners to address this issue nationally. His office has served as an excellent resource for identification of companies writing nurses professional liability insurance. Since this situation changes on an almost daily basis, communication with Commissioner Long's office has been frequent and thorough. As nurses, it would be appropriate to drop a note to Commissioner Long expressing thanks for his continuing commitment to helping us address this issue. Address letters to: The Honorable James Long, Commissioner of Insurance, Dobbs Building, 430 North Salisbury Street, Raleigh, NC 27611.

What's Available

NCNA has followed up on every lead provided about available professional liability insurance. Additionally, the NCNA Board of Directors on June 26 approved support of a malpractice claims survey for all North Carolina NPs which will be conducted in the very near future. The ANA office in Kansas City, under the lead of Dave Fellers as Director of Marketing and Public Affairs, is devoting significant time and energy to access affordable coverage. A major problem hampering all of our efforts is the lack of available claims information to demonstrate that claims experience for RNs is low and that nursing is a good insurance risk. The 1987 session of the ANA House of Delegates took the first step toward forming its own liability insurance company by approving an emergency resolution to fund a study of claims against nurses. The association intends to collect and analyze malpractice claims made against nurses in all types of practice. The results of this study will be used to determine the feasibility of forming a self-insured risk retention group or a captive insurance group. Insurance companies already have this claims data but, to date, have refused to directly provide ANA with written information on such. ANA secured the support of four powerful members of the U.S. Senate in the form of a letter to Fireman's Fund (Interstate Insurance) requesting that the firm provide claims information on NPs and all RNs. NCNA has not been apprised (to date) of any response from Fireman's Fund. Without such data, it is impossible to make critical decisions regarding the viability and cost of the risk retention approach. This *THN* article is included here to provide NCNA members with information held at the time of this writing regarding professional liability insurance options. This information has been collected from a variety of sources during the past two months. Please be apprised that this is a dynamic situation in that the status changes frequently. Anyone who wishes clarification or additional information should contact Hazel Browning at NCNA (919-821-4250).

MAGINNIS AND ASSOCIATES, INC. (underwritten by Chicago Insurance Company). Sponsored by the North Carolina Nurses Association and the American Nurses' Association.

- RATING: A by A.M. Best Company
- FORM OF COVERAGE: occurrence
- SPECIALTY GROUP/LIMITS AND RATES[1]:

Group	Limits/Rates $200,000/ $600,000	$500,000/ $1,000,000	$1,000,000/ $1,000,000
A) General Duty RNs (All inclusive of categories not listed below)	$57	$ 68	$ 79
B) Critical-Care Units (all intensive units including telemetry and intermediate care) Post-Anesthesia Room Public Health/ Home Health Operating Room Psychiatric Organ Procurement (transplant) Emergency (hospital & clinic) Flight Nurse	$114	$136	$158
C) Ob-Gyn	$399	$476	$553

D) Self-Employed - If self-employed the *MAJORITY* of the time, please contact Maginnis & Associates for special enrollment information.

[1] *Currently insured* NPs will be allowed to renew their policies for one additional year with a premium increase from $58 for $1,000,000/$3,000,000 coverage to a $1500 premium for $1,000,000/$1,000,000 coverage. Excludes CRNAs amd CNMs.

- INFORMATION SOURCE ... Brochure on NCNA/ANA sponsored Maginnis program, correspondence from ANA dated 6/4/87
- CALL 1-800-621-3008

* * *

NURSES SERVICE ORGANIZATION (Policy offered through Rollins Burdick Hunter, Inc. Application is made to American Casualty Company of Reading, Pennsylvania)

- RATING: A+ by A.M. Best Company
- FORM OF COVERAGE: occurrence
- SPECIALTY GROUP/LIMITS AND RATES[2]:

RN, Student/ GN, LPN/LVN	$1,000,000/$2,000,000	$58

[2] Excludes CRNAs, NPs, CNMs and full time flight nurses. Firm has traditionally excluded self-employed.

- INFORMATION SOURCE ... Journal flier on program, correspondence from Commissioner Long's office dated 7/8/87, correspondence from ANA dated 6/17/87, telephone conversation H. Browning/Nurses Service Organization representative 7/13/87
- Call 1-800-247-1500

* * *

COTTERELL, MITCHELL AND FIFER (Authorized Representative for The Insurance Company of the State of Pennsylvania)

- RATING: A+ by A.M. Best Company
- FORM OF COVERAGE: occurrence
- SPECIALTY GROUP/LIMITS AND RATES[3]:

Nurses	$ 500,000/$ 500,000	$47
	$1,000,000/$1,000,000	$81

[3] Excludes CRNAs, CNMs, Nurse Midwives, NPs in OB/GYN, neonatal, psychiatric and mental health counseling, family planning and self-employed. *Will Write* other NP coverage based on review of submitted application. Premiums range from $219 to $800 based on policy limits and practice environment.

- INFORMATION SOURCE ... Sample policy on file, correspondence from ANA dated 6/17/87, telephone conversation H. Brow-

(continued on next page)

ning/Dave Fellers 6/9/87, correspondence from Commissioner Long's office 7/8/87

- CALL 1-800-221-4904

* * *

MARKEL, INC. (Program offered through National Casualty Insurance Company, a subsidiary of Nationwide Insurance Company.)

- RATING: A+ by A.M. Best Company
- FORM OF COVERAGE: occurrence
- SPECIALTY GROUP/LIMITS AND RATES[4]:

SNs	$ 200,000/$ 600,000	$15
RNs, GNs	$ 500,000/$1,000,000	$38
	$1,000,000/$1,000,000	$44
	$1,000,000/$2,000,000	$48

[4]Excludes NPs, CRNAs, CNMs, L & D nurses, self-employed; Special policies written for . . .

Nurse Administrators/ Nurse Managers	$1,000,000/$2,000,000	$58
Nurse Educator	$1,000,000/$2,000,000	$52

- INFORMATION SOURCE . . . Liability Insurance Program Informational Report to 1987 ANA House of Delegates, correspondence from ANA dated 6/17/87, telephone conversation H. Browning/Dave Fellers 6/9/87, telephone conversation H. Browning/Markel representative 7/13/87
- CALL 1-800-446-7925

* * *

HANOVER EXCESS AND SURPLUS, INC. (Monticello Insurance Company/The Jefferson Insurance Group)

- RATING: B+ by A.M. Best Company
- FORM OF COVERAGE: occurrence
- SPECIALTY GROUP/LIMITS AND RATES[5]:

Group	Limits/Rates $100,000/ $300,000	$200,000/ $600,000
A) Student Nurse (non-licensed)	$35	$40
B) General Duty Nurse (RN & LPN) —primarily employed by a private physician or health care institution (hospital, clinic, nursing home, etc.), Instructor — classroom, Public Health Nurse — in clinic under direct supervision of full-time physician	$63	$72
C) Special Duty Nurse — nurses performing any of the following: Assist (over 25% of duty time) in Emergency Room or Emergency Squad; Assist (over 50% of duty time) in Intensive Care Unit or Cardiac Care Unit; Assist in Caesarean Child Birth (delivery room only); Instructor — clinic; Private Duty (over 25% of duty time), e.g., registry; Public Health doing home visitation; Home Health Care; Visiting Nurse; Camp Nurse; Unemployed, Self-Employed; Supervise (on a regular basis) other licensed Health Care Professionals (i.e., Supervisory or Head Nurse); Operating Room (all duties included); School Nurse, or Industrial Nurse.	$82	$97

[5]Excludes CRNAs, CNMs, and nurses doing chemotherapy. Hanover Excess and Surplus, Inc. has expressed verbal willingness to consider NP applications for coverage. The insurance would be written under Monticello Insurance Company. The company advises it is very particular in whom it insures and has very strict underwriting guidelines. *Estimated* premium range for a $300,000/$300,000 limit is $350-$400.

- INFORMATION SOURCE . . . telephone conversation H. Browning/G. Hicks 6/16/87, correspondence from Hanover dated 6/23/87, correspondence from Commissioner Long's office dated 6/15/87; conference H. Browning/C. LaBar/H. Garland/G. Hicks/W. Walker/M. Crowell 7/9/87 in Raleigh, telephone conversation H. Browning/G. Hicks 7/13/87
- CALL 1-800-672-9006

* * *

CINCINNATI INSURANCE COMPANY

- RATING: A+ by A.M. Best Company
- FORM OF COVERAGE: occurrence
- SPECIALTY GROUP/LIMITS AND RATES[6]:

General or Private Duty RN, LPN, Visiting Nurse, Head Nurse	$100,000/$300,000	$46

[6]Underwriting guidelines exclude CRNAs, NPs, CNMs

- INFORMATION SOURCE . . . correspondence from Jim Long's office 7/8/87, telephone conversation H. Browning/B. Sublet 7/13/87
- CALL 513-870-2000 (Bob Sublet)

* * *

ST. PAUL INSURANCE COMPANY

- RATING: A by A.M. Best Company
- FORM OF COVERAGE: claims made
- SPECIALTY GROUP/LIMITS AND RATES[7]:

$1,000,000/$3,000,000 Minimum $100 premium

[7]Company will renew only *existing* nurse professional liability insurance policies. Moratorium on new business.

- INFORMATION SOURCE . . . Liability Insurance Informational Report to 1987 ANA House of Delegates, telephone conversation H. Browning/St. Paul representative 7/13/87
- CALL 1-800-432-6684

* * *

EVANSTON INSURANCE COMPANY of Evanston, Illinois

- RATING: B by A.M. Best Company
- FORM OF COVERAGE: claims made
- SPECIALTY GROUP/LIMITS AND RATES[8]:

$100,000/$300,000 Minimum $5000 premium (required deductible of $5000).

[8]Surplus lines carrier - covers those who have difficulty finding coverage on traditional market. Will not write CNMs, OB nurses. Will write CRNAs and will consider NP applications.

- INFORMATION SOURCE . . . correspondence from Jim Long's office 6/15/87, telephone conversation H. Browning/Evanston representative 7/13/87
- CALL Managing General Agent Shand, Morahan & Co. at 312-866-2800 . . . ask for Medical Malpractice Division

* * *

Critical choices

Times like these will make registered nurses take a hard look at a critical choice — to maintain an individual malpractice insurance policy or "go bare". In this writer's mind, there are key questions that must be posed in weighing out those options. These thoughts are shared for your information for when you open *your* mailbox, find your malpractice policy premium due and realize that this crisis is now "hitting home" for you.

Q. Why should I carry professional liability insurance?

A Registered nurses are licensed professionals, and therefore legally accountable for the services they provide in a variety of settings. Every registered nurse is a potential target for lawsuit, regardless of the setting in which he or she practices. Ours is a litigious society. The ideal legal system would prosecute only those who are truly negligent. The system is not ideal. An abundance of attorneys and a societal attitude that "someone must pay for bad outcomes regardless of cause" makes us face the reality that malpractice charges will be brought against nurses.

Q. Isn't my institution's liability policy sufficient to cover me?

A. If a registered nurse is an employee of a health care facility, he or she

(continued on next page)

NCNA actively pursues

from page 19

may be covered by the employer's policy. However, most policies protect the employer first, rather than the nurse, and defend the interest of the employer above the interest of the RN. It would be advisable to determine who and what your institution's policy covers. Make sure your policy covers your practice. Remember, if you do any "moonlighting" outside your primary place of employment you may not be covered by the primary employment institutional policy.

Q. What's the difference between an occurrence policy and a claims made policy?

A. Occurrence polices cover insureds for any incident which occurs during the period they are carrying the policy, even if legal action is brought against them years after the incident. Claims made policies cover insureds only if legal action is brought against them during the time they are actually carrying the policy. Obviously, an occurrence policy is preferable. If you are currently covered by a claims made policy and decide to transfer to an occurrence policy, you should consider purchasing "tail coverage" — an extended reporting endorsement to cover any lawsuits filed after the policy has been dropped but regarding a period during which the policy was in effect.

Q. The Maginnis policy has changed coverage from a "rendering or failing to render professional services" to a "medical incident" format. What does that mean?

A. In clarifying this change, a company representative states that the policy is designed to cover medical malpractice exposures only. He went on to identify several key elements necessary for coverage such as . . .

1. There must be an injury to a patient or client. This means internal administrative disputes, discrimination, sexual harassment to a fellow employee and related occurrences are not covered.
2. The "medical incident" must arise from the furnishing of professional heath care services to a patient or client. Purely administrative or educational services, therefore, would not be covered. The incident must revolve around allegations of an act, error or omission in the performance of services to a third party.

In other words, a nurse would not be covered for administrative functions outside his or her expertise as a nurse, such as management decisions in running a heatlh care business or duties as a volunteer leader of an organization. It appears the company is trying to clearly identify this as only medical malpractice coverage with no coverage for personal liability outside of medically related incidents.

In summary . . .

In summary, this issue is a critical one. When considered in tandem with the current nursing shortage it is clear that the nursing profession must take aggressive action to address the situation. Specialty nursing practice settings are experiencing the most acute impact of the nursing shortage. Specialty nurses are facing the most dramatic malpractice liability insurance premium increases. The next effect will be on patient services. Unfortunately, it may impact on those who can ill-afford the consequences. Nurse practitioners, for example, generally provide care to populations that do not have access to a physician or who cannot afford one. More than one half of all nurse practitioners' patients have an annual income of less than $10,000.

On behalf of nurses and the citizens we serve, NCNA will continue to actively pursue a suitable resolution to the liability crisis for N.C. nurses.

ATTEND NCNA Convention FREE

Recruit 5 new full pay members (or any combination of new members paying half-price and/or quarter-price dues equivalent to 5 full pay members) between March 15 and September 15, 1987, and choose between 1) waiver of 1987 NCNA convention registration fee and 2) equivalent credit toward annual membership dues not exceeding your current individual membership rate.

Applications must be received on or before September 15, 1987.

Winners will be notified between October 10 and October 25, 1987. Remember! A new member is a nurse who has not been a member of NCNA or another state nurses association for at least six months.

Report of continuing education offerings approved by NCNA

Date	Credit	Offering
6/9/87	1.5 c.h.	"Eating Disorders", NCNA District 1, Asheville (5840)
6/11/87	7.5 c.h.	"Diabetes Update", Nash General Hospital, Rocky Mount (5839)
6/12/87	3.5 c.h.	"TB Control in the Hospital and Community Setting", E. Newton Smith Public Health Center, Fayetteville (5838)
6/18/87	3 c.h.	"Western NC Public Health Association Annual Convention 1987", Fontana (5841)
6/22/87	17.5 c.h.	"Fundamentals of Psychiatric Nursing", Stanley Memorial Hospital, Albermarle (5843)
6/29/87	54 c.h.	"Neonatal Core Program, Levels I & II", Pitt County Memorial Hospital, Greenville (5844)
6/30/87	3.5 c.h.	"Changing Health Beliefs — The Health Providers Challenge", Craven County Health Department, New Bern (5842)
7/29/87	4 c.h.	"Pediatric Physical Assessment of the Head and Neck", Forsyth County Health Department, Winston-Salem (5847)
7/31/87	42 c.h.	"Basic Critical Care Course", Pitt County Memorial Hospital, Greenville (5424)
7/87	7 c.h.	"Current Issues in Ob/Gyn Nursing", Charlotte NAACOG (5845)
8/6/87	6 c.h.	"Improving Productivity for Home Care Staff", NC Association for Home Care, Hickory (5850)
8/14/87	4 c.h.	"The Experience of Aging", E. Newton Smith Public Health Center, Fayetteville (5852)
8/19/87	14 c.h.	"College Health Care Update Series", NCSU Student Health Services, Raleigh (5853)
9/24/87	11.5 c.h.	"Beyond Survival: Rehabilitation Nursing of the Patient with CVA", Thoms Rehabilitation Hospital, Asheville (5367)
9/87	1 c.h.	"Standardized Nursing Care Plans", Raleigh Community Hospital, Raleigh (5848)
9/87	33.5 c.h.	"Leadership Program", Raleigh Community Hospital, Raleigh (5849)
11/4/87	7.5 c.h.	"Winning the Race in Today's Health Care Market", NC Association of Public Health Nursing Administrators, Asheboro (5854)

READING MATTERS

NEW!
Credentialing in Nursing: Contemporary Developments and Trends, a set of 10 monographs, addresses strengths and weaknesses of the credentialing system for U.S. nurses, and challenges nurses to set new directions for the regulation of nursing practice. **Pub. No. G-172 $100.00**

ANA Standards Package contains all 25 of ANA's standards, covering nursing education, nursing services, nursing practice, community health, gerontology, maternal-child health, medical-surgical nursing, psychiatric-mental health nursing, and specialty areas within these fields. All 25 books, costing $73.00 when ordered individually, are available now at a special package price of $58.40. **Pub. No. SDS-25 $58.40**

NEW!
Computers in Nursing Education, a handbook for faculty considering using computer-assisted instruction, answers such questions as "What differences can computers make in how faculty teach?" **Pub. No. NE-13 $8.00**

NEW!
New Organizational Models and Financial Arrangements for Nursing Services presents emerging models nurses can use in delivering care and obtaining reimbursement for nursing services. **Pub. No. D-90 $8.75**

Guide to Test Item Development explains measurement concepts, gives specifications for ANA certification exam questions, and shows how to write multiple-choice questions. **Pub. No. CR-22 $14.75**

NEW!
National Registry of Certified Nurses in Advanced Practice lists the name, address, background, and area of expertise of certified nurses in advanced practice. More than 2,700 listings are indexed nationwide. **Pub. No. CR-23 $30.00**

NEW!
Pay Equity: What It Means and How It Affects Nurses addresses the concepts of equal pay for equal work, comparable worth, sex-based wage discrimination, and pay equity, and describes ANA's campaign for pay equity. **Pub. No. EC-145 $6.00**

NEW!
Access to Prenatal Care: Key to Preventing Low Birthweight, a report on four interdisciplinary conferences, calls for health policy reforms to give all pregnant women access to high-quality care. **Pub. No. MCH-16 $8.00**

NEW!
Orthopaedic Nursing Practice: Process and Outcome Criteria for Selected Diagnoses gives guidelines for the care of persons with musculoskeletal dysfunctions. **Pub. No. MS-14 $5.50**

Enforcement of the Nursing Practice Act analyzes grounds for disciplinary action in state nursing practice acts, and compares state policies and penalties with those ANA recommends. **Pub. No. D-89 $13.00**

NEW!
Standards of Practice for the Primary Health Care Nurse Practitioner presents standards on entry care, comprehensive care, continuing competence, quality assurance, development of the practitioner's role, research, and interdisciplinary collaboration. **Pub. No. NP-71 $2.75**

Mail to: Publications Orders, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108

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☐ Bill me (only for orders of $25 or more).

Ship to (please type or print):

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Address _____

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QUANTITY	PUB. NO.	UNIT PRICE	PRICE
	ANA Publications List (A-00)	FREE	FREE

PA-SNA

NCNA Implements New Approval System

The North Carolina Nurses Association Continuing Education Approval Unit will implement a new approval system beginning August 1, 1987. All applications submitted to NCNA after August 1, 1987 must meet the new criteria and regulations and use the new forms. All sponsors who have had offerings approved during the last two years will receive the new manual and forms automatically. Packets are available upon request for new sponsors. Sponsors who submit applications inadvertently on old forms during the transition period will be aided in providing the necessary supplemental information to meet the new requirements.

The new system which is based on the system developed by the American Nurses' Association Board on Accreditation will feature four categories of approval with varying approval periods.

The category of **Offering Approval** will be utilized for single educational activities such as one or two day workshops. These will be approved for a one-year period of time.

The new category is **Program Approval** which is approved for two years. It is appropriate for a planned series of offerings which have a common theme and overall objectives such as a critical care course or convention. Another new category is **Independent Study — Provider Directed.** A provider directed independent study program would be appropriate for home study continuing education activities such as those similar to the program published in the *American Journal of Nursing.* The approval period for this is one year.

The fourth category, **Provider Approval**, will replace the present Total Program Approval. Provider Approval is granted based on an in-depth analysis of the quality of several offerings submitted by the sponsor in order to establish the likelihood of the sponsor's ability to provide quality offerings. Provider Approval is for a two year period of time.

NCNA will continue to enforce the policy on retroactive approval. The CEAU will *not* give retroactive approval. This means sponsors will be required to submit applications for Offering, Program, and Independent Study — Provider Directed approval to NCNA at least 6 weeks prior to the offering date. Applications submitted between six and four weeks prior to the program will be reviewed for an additional $10.00. Anything submitted after the 4 week deadline will not be reviewed.

The application dates for Provider Approval will remain the same as for Total Program Approval. Each approval period is independent which means a new application must be submitted at the beginning of each approval period if the sponsor wishes to continue their approval status.

Major Changes

1. Planning Committee — must have at least two RNs, one with a BSN, for offerings, independent studies and programs; and an RN with BSN must be responsible for planning, development, implementation and evaluation of provider's continuing education activities in nursing. This individual may be a staff person, consultant, or a committee member.
2. Each category of application has its own application forms.
3. Out of state applications will be accepted from sponsors in states where the state nurses' associations do not have approval programs. The ANA national continuing education system is reciprocal and allows for interstate mobility.
4. Only terminology approved by the American Nurses' Association Board on Accreditation may be used. The appropriate terminology for awarding continuing education credit is **contact hours**. A contact hour is 50 minutes of an approved organized learning activity (classroom, clinical or independent study). The CEU system is *not* authorized by the Board on Accreditation for use.
5. Adult education principles must be reflected in the teaching methods and documented on the forms for each offering, independent study and program.
6. Applications for independent study - provider directed must include evidence which documents the time required of the learner to achieve the objectives. Some form of research such as a pilot study of a core group of the audience must be used to achieve this information prior to implementation of the independent study.
7. Program applications include more in-depth information about the sponsor, program and theme, but require offering information about only *three* segments of the total program rather than all of the segments as has been required in the past.
8. Site visits will no longer be part of the provider application process.

Additional information on the new system may be obtained by contacting Joy Reed at NCNA.

CONTINUING EDUCATION APPROVAL PROGRAM
FEE STRUCTURE
(Effective August 1, 1987)

Provider Approval (2 yrs.)	$250
Single Offering Approval (1 yr.)	$ 40
Program Approval (2 yrs.)	$ 80
Independent Study (1 yr.)	$ 40

Solicitation Policy Approved

The NCNA Board of Directors took action on 6/26/87 to adopt the following policy on solicitation of funds at NCNA convention.

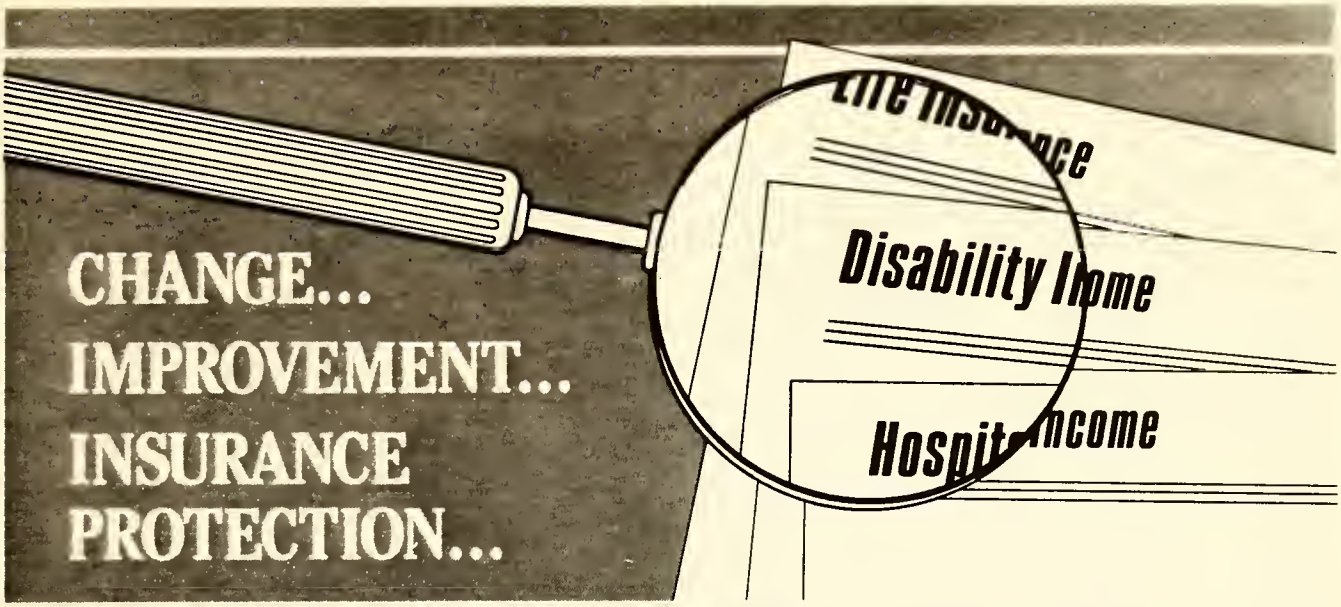
When soliciting funds at any NCNA convention, the following criteria must be met. Solicitations must:

1. Address immediate need(s) which is (are) important to the organization or
2. Have a negative impact on the organization if the funds are not solicited and
3. Not duplicate other current or planned activities and
4. Not be held at the House of Delegates, meal functions, or during forums.

Procedure:

The request to solicit funds must:

1. Address the selected criteria and be presented in writing to the Board of Directors prior to convention.
2. Include a detailed breakdown of proposed expenditures.
3. Identify the location and the length of time the solicitation will occur.
4. Be approved by the Board of Directors or the Executive Committee prior to any solicitation.



ANA Searched for the Best...and Found It!

Life insurance, disability and hospital income protection are very important to nurses. The availability of this coverage through your professional association assures comprehensive coverage at affordable rates.

CHANGE

Personal insurance plans require a specialized expertise. Life, disability and hospital income protection require special attention when it comes to service and claims administration.

ANA searched the nation and found the leading administrator for group programs. Effective January 1, 1987, Smith-Sternau Organization, Washington, D.C., became the new administrator of the group health and life programs, replacing Kirke-Van Orsdel, Inc. Smith-Sternau is a part of Marsh and McLennan Companies, the largest insurance brokerage firm in the world.

IMPROVEMENT

Smith-Sternau was selected because of the exceptional service they provide to insureds. They are the exclusive administrator of the ANA sponsored group health and life insurance programs.

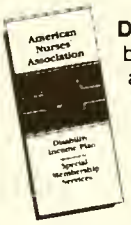
There has been some delay in obtaining all of the records of insureds participating in the ANA plan. If any participant does not receive a billing notice or has a question on the status of coverage, call Smith-Sternau toll-free at **1-800-424-9883.**

During the coming months, ANA will be working closely with our new administrator to provide additional coverage and enhancements to the programs.

INSURANCE PROTECTION

Life insurance... coverage is available up to $100,000 for you and your spouse, and $2,500 for eligible children.

The group term life plan is available for those under age 65 who maintain their membership in ANA's state constituent association. More than $160,000,000 in coverage for nurses currently exists in the ANA program!



Disability income... benefits are available in the amounts of $400, $600 or $800 per month. Over $800,000 has been paid to ANA plan participants. The plan offers a 30 or 90 day waiting period.

Disability coverage is important for all ages. According to the National Safety Council, at age 22, the chance of disability for 90 days or longer is 7½ times greater than the chance of dying . . . at age 37, it is 5½ times greater. ANA provides affordable protection through its disability plan.

Hospital income... guaranteed acceptance in this exceptional program. It pays for hospital expenses over and above those paid by your health insurance. Cash benefits range from $30 to $100 per day. Over $1,500,000 in benefits have been paid by the ANA plan.

ASSURE YOURSELF COVERAGE BEFORE IT IS NEEDED!

Please send me information on the ANA group insurance programs:

☐ Life Insurance ☐ Disability Income ☐ Hospital Income

(Please print)

Name: _____

Address: _____

_____

City: _____

State: _____ ZIP: _____

Phone: ( ) _____

SNA Membership: _____

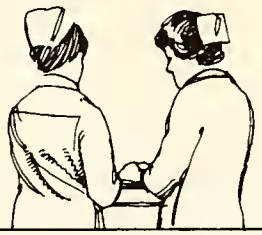
TO: ANA Insurance Programs
Smith-Sternau Organization, Inc.
1255 23rd Street, N.W. / Suite 300
Washington, D.C. 20037

SN

Or call ANA toll-free **1-800-821-5834**, Monday-Friday, 8:30 a.m.-4:30 p.m., central time. Information is also available on professional liability insurance by calling the ANA toll-free number

ANA... IMPROVING INSURANCE PROTECTION TO MEET THE NURSING PROFESSION'S NEEDS

NURSE TO NURSE



By Carolyn Billings, Chairman
Commission on Member Services

by Carolyn V. Billings, Chairman
Commission on Member Services

Dear New Nursing Colleague:

During the month of July you have been sitting for the NCLEX exam and the next thing you know that coveted R.N. will be a part of who you really are. I know that this has been an exciting year for you. From graduation, to that new job as an RNA, "acculturating" yourself to the "reality" of nursing, cashing your first professional paycheck, orienting yourself to your nursing self-image. I hope it has been a rewarding time as well. I hope that you are finding in the profession of nursing the personal satisfactions which you were seeking when you made the important decision to be a nurse.

You, and others like you have been the subject of a lot of study and discussion in the profession. Some predict that you will suffer from a unique professional entry problem referred to as "Reality Shock". Others concern themselves with how to keep you from developing a serious syndrome called "Burn Out". Nursing has been accused by some as a profession which "eats its young", and much has been said about how to help you through this important "bicultural" transition. There is speculation that you are a dying breed and that with so many problems of recruitment into the profession, the new graduate will become scarcer and rarer.

All these fears and practicalities aside, when I meet you, face to face, as I have had occasion to do with hundreds of new graduate nurses recently, I get pure maudlin. Maybe it's a developmental phenomenon, but I look at you with a lot of proprietary affection, and expectation. You *are* the next generation, after all. You can, and I believe you will, take nursing to the mountain-top. My vision of the profession rests in your implementation. Nursing author Leah Curtin has said that nursing is a *practice* profession, that it *becomes* while it is *being done*. If this is the case, then you will, through your practice, create the nursing of tomorrow.

Because I have these thoughts, I tend to watch you with a somewhat analytical air. I study you. I note how and what you think, how you conduct yourself, your knowledge base, your skills, your appearance. And by and large, I've really been impressed. You and the other new nurses I'm meeting are bright, sensitive, assertive, and competent. You present yourselves with confidence and with calm. You are not afraid; you seek egalitarian status; you are open to respectful suggestion.

I want you to know that I am pleased and proud of what I'm discovering in you. I am grateful for the opportunity to meet you and talk with you about this professionhood we share in the family of nursing. I hope that you and I will become friends and cohorts. I look forward to sharing ideas; to mutual suggestions; to constructive confrontations. I know that I share the sentiments of many other experienced nurse colleagues when I say to you "Welcome to our world-Health Care. Let's work together to make it the way it ought to be."

Think Membership

NCNA Recognized For Membership Growth

NCNA was one of 7 states to be presented a special plaque on Saturday, June 6, at the 1987 ANA House of Delegates in Kansas City for attaining five successive years of membership growth. ANA President, Dr. Margretta Styles, in presenting the plaque to President Hettie Garland said, "The continued growth that North Carolina Nurses Association has sustained over these past five years is a clear demonstration and a superb example of what is possible through mutual dedication and effort. It is a reflection of your members' belief in their profession and in the purposes of your association." NCNA has also been included in the ANA Honor Roll for Membership Growth, which recognizes state associations for expanded membership in 1986. Thank you, members, for your part in membership development and for telling NCNA's story in a positive, collegial way. You are what makes NCNA great! We are now 3080 members strong!

NCNA represented at Wellness Institute

NCNA exhibited at the N.C. Health Promotion and Wellness Institute in May. In photo above, Kay Jackson discusses NCNA's activities with one of the Institute's participants.

AIM HIGH

EXPERIENCE

AIR FORCE NURSING

EXPERIENCE–
the opportunity for advanced education, specialization and flight nursing.

EXPERIENCE–
the opportunity to develop management and leadership skills as an Air Force officer.

EXPERIENCE–
excellent starting pay, complete medical and dental care and 30 days of vacation with pay each year.

Plus, many other benefits unique to the Air Force life-style. And the opportunity to serve your country.

EXPERIENCE–
being part of a highly professional health care team. Find out what your experience can be. Call

Capt Anne Butcher
(919) 850-9471
Station to Station Collect

AIR FORCE

Cabinet and Committee Appointments 1987-89

North Carolina Nurses Association Biographical Data and Consent-To-Serve

NAME _____

ADDRESS _____ CITY _____ ZIP _____

DISTRICT _____ AREA OF PRACTICE _____

SCHOOL OF NURSING _____

ADDITIONAL PROFESSIONAL EDUCATION _____

_____

PRESENT POSITION _____ PLACE OF EMPLOYMENT _____

PROFESSIONAL ORGANIZATION ACTIVITIES (List offices and committees on national, state, or district level, for last five years.)

District _____

_____

State _____

_____

National _____

_____

PRESENT OFFICE(S) _____

_____

Check committee appointment desired (you may check more than one)

____ Cabinet on Constituent Associations
____ Cabinet on Education and Resource Development
____ Cabinet on Government and Health Policy
____ Cabinet on Marketing
____ Cabinet on Practice
____ Cabinet on Professional and Economic Development
____ Cabinet on Research

Committees:

____ Bylaws
____ Continuing Education Approval Unit
____ Continuing Education Provider Unit
____ Finance
____ Resolutions

Areas of interest related to NCNA programs/activities

____ legislation
____ peer assistance
____ convention planning
____ political action committee
____ public relations
____ human rights
____ membership recruitment

I would be willing to serve as a resource person in the following areas: _____

_____

Committees are appointed after each election to carry out the duties assigned by the Board of Directors and/or the Bylaws. Terms are for the biennium.

The present policy of the Board of Directors does not allow travel reimbursement for meetings of NCNA structural units. January 8, 1988, is the date of orientation for cabinet and committee members. *All* cabinet and committee members are expected to attend.

If appointed, I agree to fulfill to the best of my ability the duties and responsibilities of the committee for which I am submitting my name.

Telephone (work) _____

(home) _____

_____

Signature

Please return to NCNA Headquarters, P.O. Box 12025, Raleigh, NC 27605, by October 1, 1987

Policies and Guidelines for Cabinet and Committee Chairs and Members

A. Establishment of Committees

1. Elected and appointed cabinet and committee members will be notified of appointment or election by written notice, and consent to serve will be requested. Term of appointment will be stated.
2. Chairs will be notified of names and addresses of members of the respective cabinet or committee.
3. Chairs of special or ad hoc committees will be notified at the time of appointment of the specific charge to the committee.

B. Responsibilities of the Chair

1. Schedule meetings and clear meeting dates with headquarters. Regular meetings for all structural units should be scheduled during the work week (Monday-Friday, 8:30 a.m.-4:30 p.m.)
2. Prepare agenda prior to each meeting and send to headquarters for mailing to members. Notice of the meeting should include plans for lunch—either members are to bring a bag lunch or the agenda is structured to allow time to go out of the office for lunch.
3. Notify staff for materials and information needed prior to meeting.
4. Conduct meeting according to *Robert's Rules of Order.*
5. Designate recorder for each meeting if there is no elected secretary.
6. Review minutes for accuracy prior to their being submitted to headquarters, and see that approved minutes reach headquarters within 72 hours of meeting.
7. Minutes received in unusable form will be returned to the chair for correction.
8. Distribute travel vouchers to members to be completed by adjournment of the meeting.
9. Cancellation of the scheduled meetings should occur at least *five days prior* to the meeting. Cancellations that occur less than five days before the scheduled date due to preference of the chair are to be communicated to the members of the committee or cabinet by the chair, with notification to headquarters.
10. Submit goals and plans annually to the board and/or responsible structural unit.
11. Report to board and/or responsible structural unit prior to or during their regularly scheduled meetings.
12. Prepare a written interim report for the Board and/or responsible structural unit to be submitted September 1 of the even year of the biennium.
13. Prepare written biennial report for Board and/or responsible structural unit to be submitted by August 1 of odd year of the biennium.
14. Monitor attendance at meetings and notify Board and/or responsible structural unit if a member misses more than two consecutive meetings without notice.
15. Obtain authorization from the Executive Director for expenditure of any NCNA funds and transmit promptly to headquarters any funds collected in the name of the Association.

C. Responsibilities of Cabinet and Committee Members

1. Respond promptly to communications regarding meetings and committee business.
2. Attend scheduled meetings. Absence from two consecutive meetings may mean deletion from committee roster.
3. Notify chair or headquarters if unable to attend meetings.
4. Participate in discussion of committee business and share responsibility in any activity.
5. Follow *Robert's Rules of Order* during committee discussions.
6. Prepare for meetings for informed discussion.
7. Resign if no longer able to attend.

D. Responsibilities of Staff to Committees

1. Assist chair and committee as necessary.
2. Provide materials and information requested by chair and committee.
3. Assist committee with implementation of decisions.
4. Perform secretarial work of committee except correspondence between members.
5. See that minutes received in proper form are distributed to members within one week.
6. Maintain in headquarters the official file of the committee/cabinet.

E. Responsibilities of Special Appointees

1. Attend scheduled meetings.
2. Regularly provide reports to the Board.
3. Prepare a written report by September 1 of the even year of the biennium.
4. Prepare a written report by August 1 of the odd year of the biennium.

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolina 27605

Vol. 49, No. 4 July-August 1987

Hettie L. Garland ..... President
Jo Franklin ..... President-Elect
Davy F. Crockett ..... Vice-President
Joyce H. Monk ..... Secretary
Sheila P. Englebardt ..... Treasurer

The TAR HEEL NURSE is the official publication of the North Carolina Nurses Association, 103 Enterprise St., Raleigh, N.C. Tel. (919) 821-4250. Published 6 times a year. Subscription price $12 per year, included with membership dues. Indexed in *CUMULATIVE INDEX TO NURSING AND ALLIED HEALTH LITERATURE* and available in MICROFORM, University Microfilms International.

Editor ..... Clare LaBar
Managing Editor ..... Hazel Browning
Contributing Editor ..... Joy Reed
Text Processing ..... Pat Bryan
Kim Morton

Information for Authors

The TAR HEEL NURSE welcomes manuscripts from members of the North Carolina Nurses Association. Manuscripts should be addressed to Hazel Browning, TAR HEEL NURSE, P.O. Box 12025, Raleigh, NC 27605. Articles will be considered for publication on the condition that they are submitted solely to the TAR HEEL NURSE. Manuscripts should be typed, double spaced. The author's name, title, employer, district membership, and complete address should be included.

Deadline

Manuscript and ad copy submitted for publication consideration must be received at NCNA Headquarters by the first day of odd numbered calendar months preceding publication date. All submissions are subject to editing and none will be returned.

Advertising

For information and rates on ads, please call North Carolina Nurses Association, (919) 821-4250.

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News briefs

from page 9

ing. Deadline is September 15, 1987. Contact the address above for guidelines.

NAACOG is seeking proposals for research grants worth $2,000 each. Deadline for submitting applications is November 14, 1987. Grants will be awarded July 29-30, 1988. For grant application guidelines, contact Charlotte Green, Department of Education and Research, 600 Maryland Avenue SW, Suite 200-E, Washington, DC 20024-2589 or call 1-800-533-8822.

A National Conference on Research for Practice addressing "Key Aspects of Comfort: Managment of Pain, Fatigue and Nausea" is seeking papers for presentation and publication. Deadline for submitting summaries is October 1, 1987. For information call (919) 966-2263/2270.

New Resources:

American Journal of Nursing Company has produced the following new videos: "Nursing Management of Dermal Ulcers;" "Helping the Child on IV Therapy;" "Code Blue: A Chance for Life;" "Discharge Planning in Pediatric Catastrophic Illness;" Multilumen Central Venous Catheters;" "Conflict Management;" and "Where Do I Begin? Approaching Families about Organ and Tissue Donation." For purchase or rental call 1-800-223-2282 or write AJN Company, 555 West 57th Street, New York, NY 10019, 2961.

Carle Medical Communications has videos on eating disorders: "The Enigma of Anorexia Nervosa" and "Bulimia: The Binge-Purge Obsession." To preview, rent or purchase, contact Carle at 510 West Main Street, Urbanna, IL 61801 or call (217) 384-4838.

Questions and Answers on AIDS by Lyn Robert Frumkin and John Martin Leonard is now available from Medical Economics Company for $19.95. To request a copy contact Phyllis D. Gold, Marketing Director, Medical Economics Books, Oradell, NJ 07649.

The Department of Gynecology and Obstetrics of the Emory University School of Medicine announces the release of a new series of ten videotapes covering the diagnosis and management of the major sexually transmitted diseases (STD). Each videotape is accompanied by a written summary of major points made in the presentations and a list of key references. For additional information concerning this videotapes series, contact Julie Slavik, 1440 Clifton Road, RM 110, Atlanta, GA 30322, telephone (404) 688-8736.

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Tar Heel Nurse

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NCNA Peer Assistant Program on the move

Barbara J. Bennett, MSN, RN
Peer Assistance Program Chairman

Substance abuse in the workplace is a hot topic these days. It is found in all types of journals and magazines. It is on the front page of the newspapers. It is even the topic of television talkshows.

Through the efforts of a standing committee of the North Carolina Nurses Association, North Carolina is one of the now more than 25 states that offers some sort of assistance or prevention program. The program, known as the Peer Assistance Program, is alive and flourishing in North Carolina.

Planning and implementation of the Peer Assistance Program (PAP) is carried out by the PAP Committee. This committee is composed of individuals that are appointed by the NCNA Board of Directors. The challenge to the committee is to develop, coordinate, implement and evaluate the Peer Assistance Program. The chairperson of the committee is also appointed by the NCNA Board. On the committee are also NCNA Board representatives, and a liaison representative from the N.C. Board of Nursing. The committee's belief is that a nurse who is dependent on alcohol and/or any mind altering substance, like any person with a health program, needs competent, compassionate care. Too often, these nurses are lost from the profession either through loss of license or job, or surrender to the addiction itself. Through PAP, NC nurses are accepting the responsibility to care for their own.

The purpose of PAP is twofold: (1) to serve as an information resource for nurses impaired by substance abuse regarding assistance, treatment and, if appropriate, re-entry into the workplace, and (2) to provide education to individuals and groups regarding the hazards of substance abuse in the nursing profession. The pur-

Continued on page 14

1987 Legislative Session adjourns, at long last

After 135 days of lawmaking the 1987 session of the North Carolina General Assembly has finally adjourned and gone home. The final gavel fell late in the afternoon hours on Friday, August 14, on the heels of the usual last minute flurry of conferencing, negotiating and bargaining over some critical issues that had defied resolution in earlier days.

The nursing community watched with interest as some of their items of concern were dealt with. House Bill 978, for example, was not ratified until mid-afternoon on August 14. This bill, outlined in the July/August issue of the *Tar Heel Nurse*, dealt with the Administrative Procedures Act and the authority of licensing agencies, like the North Carolina Board Nursing, to discipline their licensees. NCNA and many other professional associations and societies opposed the measure and made that position clear to members of the Senate where the concerns were finally heard. A Senate committee substitute for HB 978 was released on August 6 and it deleted in its entirety proposed new Article 3A which was NCNA's concern; therefore, leaving with the occupational licensing agency the authority to conduct hearings for its own licensees. The Senate committee substitute and the version of HB 978 which has passed through the House were radically different. The House did not agree to the Senate's changes, thereby leaving provisions in the two bills to be hammered out to agreement by a legislative conference committee. In waning hours of the 1987 session the committee was able to reach consensus and a conference reported was adopted. Fortunately, the Senate's deletion of Article 3A won out and, for now anyway, the Board of Nursing still has the authority to fulfill its responsibility for regulation of the nursing profession and protection of the consumer public by disciplining its own licensees.

Continued on page 16

In this issue...

Convention bulletin board, p. 3
Proposed resolutions, p. 4
Proposed goals & priorities, p. 6
Proposed legislative platform, p. 6
New organizational structure chart, p. 7

Message from the President

Hettie L. Garland

Dear Colleagues:

My first day "on the job" in 1985 was the Tuesday immediately following convention. I spent that day trying to stay out of the staff's way while they unpacked and sorted through the consents-to-serve that had been turned in at convention. I was impressed with the number of you that had committed yourself to the work of the association and nursing for the next two years. By the end of the orientation day in January, over 100 meetings had been scheduled — just from February to June! I have been in Raleigh on days when committees have met in the kitchen, private offices, anywhere space could be found.

The momentum that you generated in October of 1985 has sustained us through an exciting, challenging and very busy two years.

To the chairs of structural units, subcommittees, ad hoc committees, work groups — I extend to you a sincere appreciation on behalf of the Board of Directors and me for a job well done. I know that some days have not been easy and some have been frustrating. But I hope that when you prepared your biennial report you felt a sense of pride and accomplishment in the leadership you provided.

To the members of structural units, subcommittees, ad hoc committees, work groups — I extend to you the same sincere appreciation for a job well done. You made it all happen through your expertise, problem solving skills, and commitment. I know that it hasn't been easy for you some days. You've have to rearrange work schedules, pay your own way, arrange for family care at times, plus do the work for NCNA that needed to be done.

To the Board of Directors, thank you, thank you, thank you — on behalf of all NCNA members and for all nurses in North Carolina. You've supported me while I learned, made it through long meeting days, and been available at a moment's notice during day or night. You've taken your responsibility and accountability very seriously, keeping "the good of NCNA and nursing in mind" as we continue to accomplish our goals. You've also juggled schedules, paid your own way, and sorted through mounds of materials in Board packets and other information that has come your way.

To district presidents and officers, the districts are the key link in our structure. You are the hub at the community level that brings nursing in your area out to accomplish your goals and provide support for state level activities. I know there have been times that you've looked over your shoulder wondering where the members went. Your presence and leadership has been felt by all of us even though we don't always stop to tell you so.

To the ANA Delegates — representing NCNA in Anaheim and Kansas City has been expensive, tiring, challenging, and exciting. You've done your job well and deserve many thank you's from all of us. You've been a part of creating history at the national level and provided leadership for our colleagues nationwide.

To each of you — the answer to the question, "what does NCNA do for me?", is directly in your hands. NCNA is like our profession of nursing — the association is only as good as you make it. Your support through your membership has provided the foundation upon which we rest.

I've frequently concluded personal letters or memos to you saying thank you for your commitment to NCNA and nursing. That statement has not been a polite platitude but an honrest expression of my appreciation for all that you are and all that you do.

So again — thank you for your commitment to NCNA and nursing.

Love & Light,

Hettie L. Garland

NC groups address nursing shortage

The North Carolina Nurses Association's Board of Directors has taken a lead role in bringing significant groups to the conference table to address the nursing shortage issue. Representatives from the North Carolina Hospital Association, the North Carolina Organization of Nurse Executives, and the North Carolina Medical Society began meeting with NCNA's Subcommittee on Nurse Utilization, Recruitment and Retention in April to begin to explore ways in which efforts could be coordinated and data could be shared about the nursing shortage issue. A press release was sent out on June 1, 1987 describing the group's work and purpose. In the midst of much media coverage already about the shortage of nurses in hospitals, the press, always hungry for more information, reported in newspapers across the state the conjoint deliberations of the group.

After spending two meetings addressing the problem and its causes and identifying a number of related issues, the group is now looking at realistic solutions. Currently, solutions appear to be centering around ways to provide for a work environment where professional nursing practice thrives. Such an environment where the nurse has authority over his/her own clinical practice is one of the major pleas in NCNA's recently adopted (*THN*, June/July 1987) Position Statement on Recruitment, Utilization and Retention of Professional Nurses. One of the models of professional practice being analyzed is the one being used by Johns Hopkins Hospital (*AJN*, May 1987). In Johns Hopkins' self-governing professional practice units each nurse writes her own schedule, receives an annual salary instead of hourly wages, and is reviewed by her peers. Nurses work on a collegial basis and as primary nurses are responsible and accountable for the care of specific clients.

In addition to looking at professional practice models, the group is beginning to review literature on organizational culture so as to combine the broader organizational theories with the specific models for creating a professional work environment. At its next meeting, group members will begin to identify specific conjoint efforts that could be accomplished within a realistic time frame.

Convention Bulletin Board

■ Guest tickets may be purchased for the three meal functions planned for the 1987 NCNA Convention. These tickets are priced as follows:

October 28 — Keynote Dinner Session (7:00-9:30 p.m.) $20
October 29 — Luncheon Session (12:00-2:30 p.m.) $12
October 30 — Awards Banquet (7:00-9:30 p.m.) $25

If you are interested in purchasing a guest ticket, please notify NCNA, (919) 821-4250, immediately to assure available space. Only a few meal tickets will be available for on-site purchase due to hotel requirements for meal guarantees.

■ Several alumni groups will use the convention as an opportunity to meet and catch up on old friendships. These include the following:

• The University of North Carolina at Chapel Hill School of Nursing Alumni Association and the UNC-Chapel Hill School of Nursing will hold a reception for alumni and friends of the school on Thursday, October 29, from 6:00-7:00 p.m. in the Cardinal I.

• The Presbyterian Hospital School of Nursing faculty and Alumni Association will host a hospitality room on Friday, October 30 from 7:30 a.m. - 9:00 a.m.

• The East Carolina University School of Nursing Alumni Association will host a continental breakfast for alumni and friends of the school on Friday, October 30 from 7:30 a.m. - 9:00 a.m.

■ Nurse PAC members have two special events planned for the 1987 convention. You will have an opportunity to contribute $2 to Nurse PAC for a chance to win a first prize of Life Contributor status in Nurse PAC or a second prize, a weekend in the North Carolina mountains.

• See any Nurse PAC Committee member and be sure to get your name in the drawing box. The drawing will be held during the October 31 House of Delegates session.

• On October 30 from 6:00 - 7:00 p.m. Nurse PAC will sponsor a reception honoring members of the N.C. Congressional delegation, N.C. Council of State, and members of the N.C. General Assembly. A $5 admission price will include the price of one drink. Plan to attend to support Nurse PAC and to meet and talk with these honored guests.

■ Members of the NCNA CE Approval Unit will be available for consultation concerning new NCNA forms based on ANA guidelines on Friday, October 30, from 4:00 - 6:00 p.m. Those who wish to use this free consultative service are invited to do so.

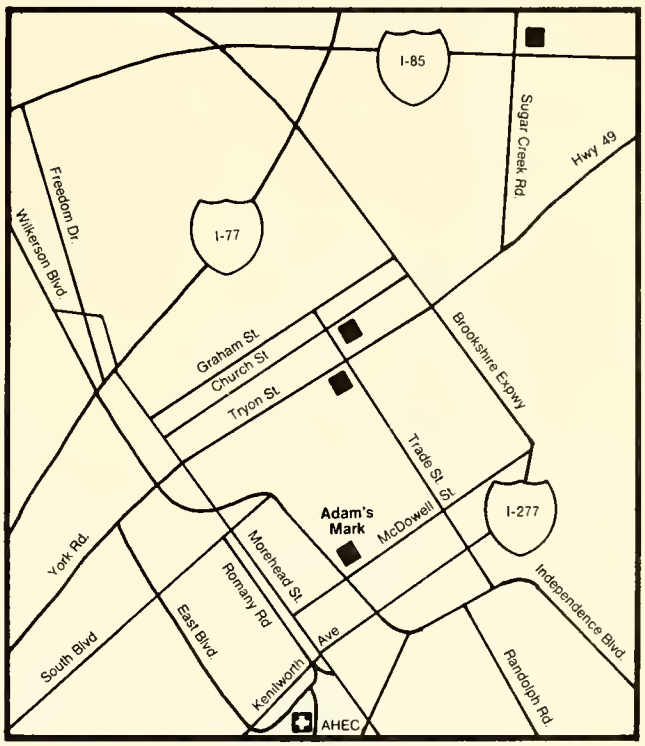
■ The Public Relations Committee will have a limited number of gorgeous new mugs for sale in the Exhibit area. The mugs are cream color and have a maroon NCNA logo on two sides. They will sell for $5 each.

■ **Emergency Resolutions**

Emergency resolutions may be submitted to the Resolutions Committee by 5 p.m. on Wednesday, October 28. Emergency resolutions are those whose significance could not have been apparent by the deadline date and which, because of timeliness, require immediate action.

• Emergency resolutions may be turned in at the convention registration desk or to Resolutions Committee Chairman Joanne Beckman. Cost implications must be attached to each resolution.

■ **WHERE IS THE ADAM'S MARK HOTEL?**



Adam's Mark Hotel 555 S. McDowell Street
Charlotte, NC 28204
(704) 372-4100

■ **From I-85 and/or I-77 to Adam's Mark**

1. I-85 to I-77
2. I-77n to Brookshire/Coliseum Exit (Highway 16 Exit)
3. Brookshire Freeway to John Belk Freeway (I-277)
4. Take John Belk Freeway (I-277) to first traffic light and turn Right.
5. Get in Right lane and turn Right at next traffic light.
6. Adam's Mark Hotel is on the Right. (S. McDowell Street)

■ **Voting Reminder...** Any current member of NCNA may vote for NCNA officers in the 1987 election—by absentee ballot or at the polls during the convention.

Those who missed the October 7 deadline for requesting an absentee ballot may vote at the convention, whether or not the member is registered for the convention. The polling place will be in the Executive Boardroom of the Adam's Mark Hotel, Charlotte. Voting hours are 9 a.m. - 4 p.m. and 7 p.m. - 9 p.m. on Thursday, October 29 and 7:30 a.m. - 10:30 a.m. on Friday, October 30. At the polling place the member must present a current membership card to receive a ballot.

Proposed Resolutions

PROFESSIONAL DEVELOPMENT OF REGISTERED NURSES

(Submitted by Resolutions Committee)

WHEREAS, there is increased recognition of problems related to both declining enrollment in schools of nursing in North Carolina and retention of nurses in the workplace; and

WHEREAS, erroneous and inappropriate perceptions of nurses and nursing can be a deterrent to professional recruitment and retention efforts; and

WHEREAS, individual nurses, through their exemplary professional behavior in practice can promote a positive and attractive nursing image; and

WHEREAS, one of the functions of the professional nursing association is to promote and support the advancement of the profession; therefore, be it

RESOLVED, that NCNA and its constituent associations increase efforts to actively promote nursing as a rewarding professional career; and be it further

RESOLVED, that NCNA and its constituent associations assist professional nurses to increase their awareness and practice of personal characteristics and behavior that promote professional growth and career development; and be it further

RESOLVED, that NCNA and its constituent associations provide opportunities for public recognition of individual nurses who through exemplary professional behavior promote a positive and attractive nursing image.

Cost to Implement

Promotion of nursing image and career development workshops in THN	$125
Develop strategies to educate nurses about career development	210
Annual nursing image award	90
	$425

DECLINING ENROLLMENT IN NORTH CAROLINA SCHOOLS OF NURSING

(Submitted by Resolutions Committee)

WHEREAS, there is a marked decline in the number of applicants seeking admission to diploma, associate degree and baccalaureate nursing programs in North Carolina; and

WHEREAS, the National League for Nursing reports a decrease of 26.7% in new applicants to all schools of nursing between 1982 and 1985; and

WHEREAS, a shortage of practicing professional nurses is predicted nationally for the 1990s; therefore, be it

RESOLVED, that NCNA monitor and analyze enrollment trends in schools of nursing in North Carolina and inform members of the general public about the impact of these trends on health care in North Carolina; and be it further

RESOLVED, that NCNA access available resources and liaison opportunities to encourage an organized and coordinated effort toward recruitment into the nursing profession.

Cost to Implement

Analysis of enrollment trends in schools of nursing	$ 300
Publish data analysis in *THN*	125
Recruitment brochure for high school students	1250
	$1675

Candidates for office in NCNA organizational units

COMMUNITY HEALTH COUNCIL
Chairman (vote for one)
Bette Ferree, High Point
Annie Hayes, Whiteville
Vice-Chairman (vote for one)
Ann Dowtin, Nashville
Janet Wolfe, Raleigh
Secretary (vote for one)
Donna White, Clayton
Member at Large (vote for two)
Rachel Stevens, Chapel Hill
Miriam Quick, Ayden
Representative to Cabinet (vote for one)
Shirley Mozingo, Selma

COUNCIL OF PRIMARY CARE NURSE PRACTITIONERS
Chairman (vote for one)
Sue Sweeting, Blowing Rock
Janet Wolfe, Raleigh
Vice-Chairman (vote for one)
Jimmie Butts, Raleigh
Linda Tull, Weaverville
Secretary (vote for one)
Julie Mead Boggus, Charlotte
Marie Shirey, Raleigh
Member at Large (vote for two)
Amanda Green, Carrboro
Margaret Johnson-Saylor, Ashevile
Gayle Sink, Greensboro
Representative to Cabinet (vote for one)
Jimmie Butts, Raleigh
Amanda Green, Carrboro
Ron Jandebeur, Charlotte
Janet Wolfe, Raleigh

COUNCIL OF PSYCHIATRIC-MENTAL HEALTH NURSES IN ADVANCE PRACTICE
Chairman (vote for one)
Carolyn Billings, Raleigh
Vice-Chairman (vote for one)
Daniel Longenecker, Greensboro
Secretary (vote for one)
Deborah Reed, Durham
Member at Large (vote for two)
Dona Caine, West End
Linda Ingram, Raleigh
Representative to Cabinet (vote for one)
Carolyn Billings, Raleigh

COUNCIL ON MEDICAL-SURGICAL NURSING
Chairman (vote for one)
Phyllis Duhan, Greensboro
Vice-Chairman (vote for one)
Jo Ann Bolt, Wilson
Sheila Bryson, Greensboro
Mary Jo Kahl, Winston-Salem
Secretary (vote for one)
Rebecca Hingston, Raleigh
Olivia Street, Raleigh
Member at Large (vote for two)
Thelma Goncharow, Greensboro
Theresa Tranbarger, Greesnboro
Jennifer Sandoval, Greensboro
Representative to Cabinet (vote for one)
Phyllis Duham, Greensboro
Frances Eason, Rocky Mount
Linda Moore, Mt. Pleasant

COUNCIL ON NURSING MANAGMENT
Chairman (vote for one)
Betsey Snow, Wilson
Vice-Chairman (vote for one)
Nancy Lloyd, Greensboro
Secretary (vote for one)
Claire Natalie Bingaman, Greensboro
Member at Large (vote for two)
Jean Cosnell, Lexington
Linda Morgan, Dunn
Margaret Whittington, Raleigh
Representative to Cabinet (vote for one)
Kathryn Ellis, Greensboro

GERONTOLOGICAL COUNCIL
Chairman (vote for one)
Martha Hanson, Matthews
Lynn Ellen Rose, Raleigh
Vice-Chairman (vote for one)
Linda Howard, Matthews
Su Modlin James, Greensboro
Secretary (vote for one)
Donna House, Nashville
Deborah Lekan-Rutledge, Chapel Hill
Member at Large (vote for two)
Susan Boseman, Enfield
Debra Cutler, Washington
Mary McIntyre, Nashville
Kathleen Siegle, Winston-Salem
Representative to Cabinet (vote for one)
Voneva Nunn Abraham, Charlotte
Betty Mauney, Charlotte
Vickie Speer, Greensboro

MATERNAL-CHILD HEALTH COUNCIL
Chairman (vote for one)
Judy Barnes, Kinston
Vice-Chairman (vote for one)
Martha Eakes, Greensboro
Joan Robie, Winston-Salem
Dorothy Williams, Kinston
Secretary (vote for one)
Sister Edna English, Greenville
Member at Large (vote for two)
Debra Barnett, Kinston
Clara Milko, Cary
Cynthia Luke, Wilmington
Representative to Cabinet (vote for one)
Judy Barnes, Kinston

PSYCHIATRIC-MENTAL HEALTH COUNCIL
Chairman (vote for one)
Phyllis Holloman, Goldsboro
Wanda Waiters, Durham
Vice-Chairman (vote for one)
Edna Kathryn, Forehand, Goldsboro
Dorothy Honeycutt, Raleigh
Secretary (vote for one)
Mary Langston, Goldsboro
Jacquelyn Pruett, Raleigh
Jeannie Yount, Washington
Member at Large (vote for two)
Edwin Cutler, Goldsboro
Nancy Quinn, Burlington
Rosemary Strickland, Durham
Representative to Cabinet (vote for one)
Jacquelyn Pruett, Raleigh
Wanda Waiters, Durham

CONTINUING EDUCATION COUNCIL
Chairman (vote for one)
Margaret Bye, Raleigh
Vice-Chairman (vote for one)
Carolyn Henderson, Durham
Secretary (vote for one)
Virginia Tate, Conetoe
Member at Large (vote for two)
Debbie Moore, Raleigh
Jan Johnson, Zebulon
Representative to Cabinet (vote for one)
Robin Corbett, Macclesfield

COUNCIL OF ASSOCIATE DEGREE NURSING
Chairman and Representative to Cabinet (vote for one)
Rhonda Ferrell, Warsaw
Vice-Chairman (vote for one)
Shirley Lail, Hickory
Secretary (vote for one)
Nancy Sumner, Rockingham
Member at Large (vote for two)
Linda Wright, Morganton
Linda Arrington, Rockingham

COUNCIL OF BACCALAUREATE AND HIGHER DEGREE EDUCATION
Chairman and Representative to Cabinet (vote for one)
Diane Fogleman, hickory
Sharon Jacques, Cullowhee
Vice-Chairman (vote for one)
Ann Harley, Fayetteville
Sonya Hardin, Conover
Marlene Rosenkoetter, Wilmington
Ruby Wilson, Durham
Secretary (vote for one)
Linda Hodges, Kernersville
Member at Large (vote for two)
Sue head, Charlotte
Beverly Malone, Greensboro

COUNCIL ON DIPLOMA EDUCATION
Chairman (vote for one)
Rosalind McDonald, Kinston
Vice-Chairman (vote for one)
Loletta Faulkenberry, Burlington
Secretary (vote for one)
Anita Brown, Concord
Member at Large (vote for two)
Linda Ellington, Chapel
Gail Pruett, Durham
Representative to Cabinet (vote for one)
Loletta Faulkenberry, Burlington

Proposed goals and priorities, legislative platform

These proposed goals, priorities, and legislative platform have been approved by the Board of Directors for presentation to the 1987 House of Delegates.

NCNA GOALS AND PRIORITIES for the 1987-1989 biennium

A. To increase the membership of NCNA.
B. To participate in establishing health policy that improves the standards and availability of health care services.
C. To encourage activities which lead to a sufficient number of adequately prepared nurses to meet the health care needs of the North Carolina citizens.
D. To promote a strong cohesive network of informed members who participate in the work of NCNA.
E. To enhance the advancement of the professional and economic status of nurses commensurate with their professional responsibilities.
F. To support nurses in addressing issues of nursing practice which affect the health of the public.
G. To facilitate progression toward two levels of entry into nursing practice.

1987-1989 LEGISLATIVE PLATFORM

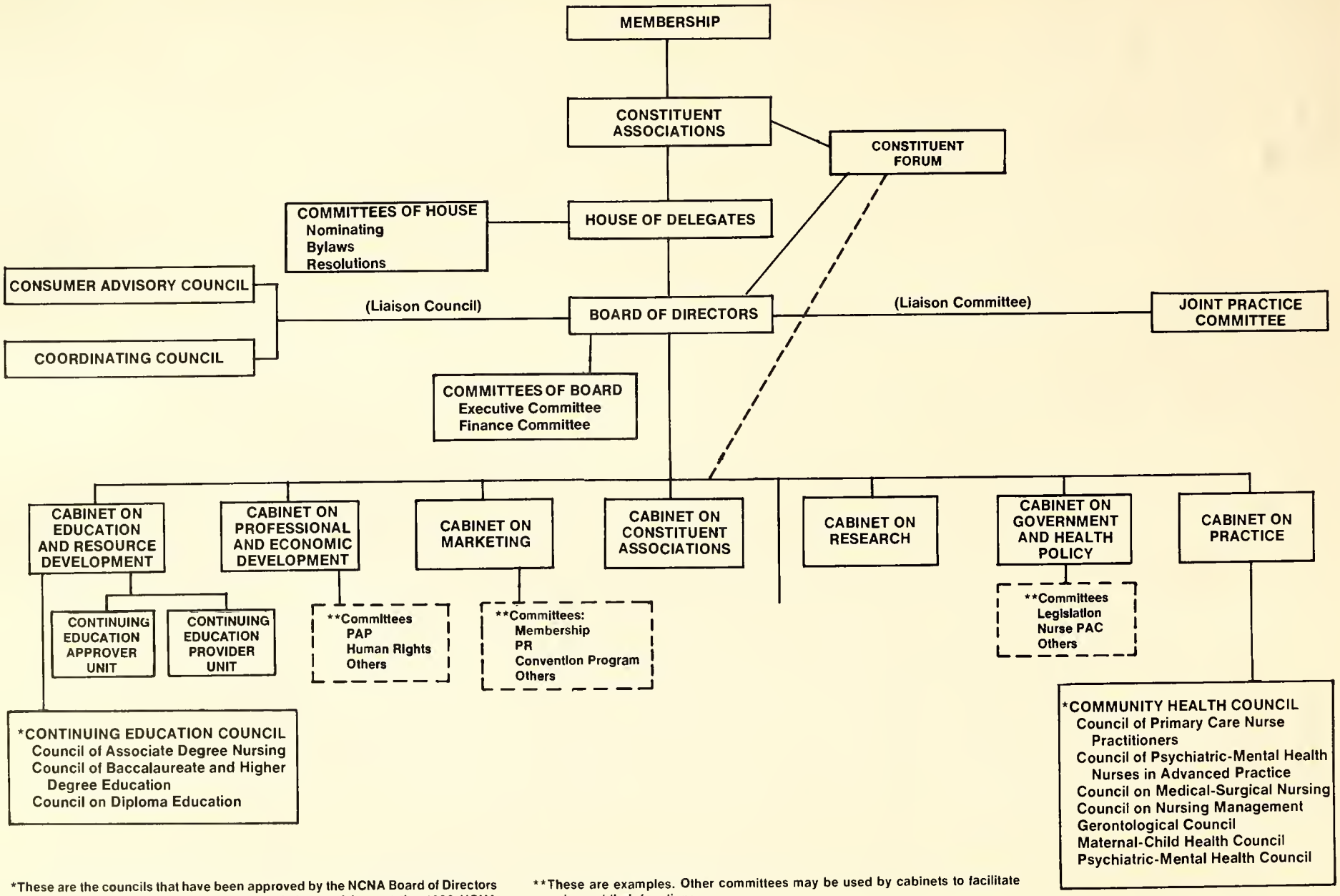
The North Carolina Nurses Association endorses legislation and regulatory authority to:

- Protect the public through maintenance of a strong Nursing Practice Act and through authority for the Board of Nursing to regulate the practice of nursing and all of its specialties and to set standards for nursing education programs.
- Protect the rights of patients and their families to safe, affordable, and accessible health care.
- Allow consumers direct access to the qualified health care provider of their choice by removing barriers restricting consumer choice.
- Provide for adequate health care to populations with recognized special needs, such as the growing number of older citizens.
- Protect the right of citizens to a safe, healthy environment.
- Improve the work environment, the economic base, and the professional and legal status of nurses.
- Strengthen opportunities for individuals to achieve the educational preparation essential for competent nursing practice.
- Provide expertise on health care issues by inclusion of qualified registered nurses on advistory and policy-making bodies.

Report of continuing education offerings approved by NCNA

Date	Credit	Offering
7/31/87	1 ch	"Sickle Cell Disease: The Impact of Diet and Nutrition", Eastern Area Sickle Cell Association, Inc., Jacksonville (5855)
8/31/87	5.2 ch	"Understanding Genetics: The Sickle Cell Syndrome", DHR-Division of Health Services, Dobson (5873)
9/1/87	27 ch	"Modules A & C Basic Critical Care", Nash General Hospital, Rocky Mount (5871)
9/8/87	1.8 ch	"Professional Imaging:: How The Nurse Should Present Herself", NCNA District 20, Rocky Mount (5872)
9/9/87	4.8 ch	"Management of the Ventilator Patient", Heritage Hospital, Tarboro (5856)
9/9/87	6.5 ch	"Semi-Annual Long-Term Care CE Program", Medi-Save Pharmacy, Charlotte (5867)
9/14/87	13.5 ch	"Clinical Update 1987", Division of Mental Health, Mental Retardation, and Substance Abuse Services, Sourthern Pines (5868)
9/15/87	6 ch	"Caregivers — Carelosers: Are You Jeoparadizing Your Patient?", N.C. Association of Long Term Care Nurses, Greensboro (5857)
9/16/87	6.5 ch	"Neurological Nursing: Assessment and Care", Gaston Memorial Hospital, Gastonia (5864)
9/17/87	1.9 ch	"Nursing Dilemma: Assisting the patient to cope with the pain of suffering of living/dying with AIDS", Nursing Section of N.C. Public Health Association, Fayetteville (5881)
9/21/87	6 ch	"Marketing: A Fundamental Strategy", Wilson Memorial Hospital, Wilson (5874)
9/23/87	3.2 ch	"AIDS: A Public Health Crisis", NCNA District 16, Whiteville (5879)
9/26/87	5 ch	"YOU'RE LOOKING GOOD! (All about cosmetic surgery)", McPherson Hospital, Chapel Hill (5862)
9/28/87	15 ch	"New Directions for Infection Control", Association for Practitioners in Infection Control — N.C., Charlotte (5875)
9/28/87	_____	"Basic EKG Interpretation", Medical Park Hospital, Winston-Salem (5878)
9/29/87	_____	"Growing Pains: Stretching Up and Reaching Out", Hospice of North Carolina, Inc., Hendersonville (5876)
9/87	8 ch	"Respiratory System Assessment", Raleigh Community Hospital, Raleigh (5858)
9/87	8.5 ch	"Gastrointestinal System Assessment", Raleigh Community Hospital, Raleigh (5859)
9/87	7.5 ch	"Cardiovascular Assessment", Raleigh Community Hospital, Raleigh (5860)
9/87	29 ch	"Effective Management of the Neurologic Patient", Raleigh Community Hospital, Raleigh (5861)
9/87	17 ch	"Advanced Neonatal Nursing Program", Bowman Gray School of Medicine, Winston-Salem (5863)
9/87	67.5 ch	"Perinatal Continuing Education Program", Bowman Gray School of Medicine, Winston-Salem (5865)
10/1/87	10.8 ch	"POA 8th Annual Symposium", Piedmont Oncology Associates/Bowman Gray, Savannah, GA (5869)
10/2/87	_____	"38th Annual Winston-Salem Heart Symposium", Forsyth Division of American Heart Association, Winston-Salem (5877)
10/8/87	_____	"Child Health Training Program Update 1987", MCH State Child Health Training Program, High Point (5866)
10/17/87	7 ch	"Fifth Annual Seminar", N.C. Association of Post Anesthesia Nurses, Greensboro (5880)

Proposed NCNA Organizational Chart



*These are the councils that have been approved by the NCNA Board of Directors based on the provisions adopted with the bylaw revisions at the 1986 NCNA Convention. Other councils may be formed in response to demonstrated interest and may be formed under any cabinet if criteria are met.

**These are examples. Other committees may be used by cabinets to facilitate carrying out their functions.

Effective date October 31, 1987

Message from the Executive Director

In my last message to *Tar Heel Nurse* readers, I explained the nature and functions of NCNA councils as set forth in the revised organizational structure which becomes effective on November 1, 1987. In this issue I am going to talk about cabinets. Cabinets are the chief deliberating bodies accountable to the Board of Directors. There will be seven cabinets, four of which succeed the current commissions and three of which are newly established bodies. These seven cabinets are:

- Cabinet on Constituent Associations
- Cabinet on Education and Resource Development
- Cabinet on Government and Health Policy
- Cabinet on Marketing
- Cabinet on Practice
- Cabinet on Professional and Economic Development
- Cabinet on Research

Each cabinet consists of at least 11 members, the chairman being an elected official who also serves on the Board of Directors. In addition, each council sponsored by a cabinet elects a representative to serve as cabinet member; the remaining cabinet members are appointed by the Board of Directors. (Persons interested in being considered for Board appointment to a specific cabinet may indicate their interest on a "consent-to-serve" form available at annual convention or at NCNA offices.) Cabinets are responsible for evaluating trends, developments, and issues in their areas of responsibility and recommending policies and positions to the Board of Directors. Each cabinet also has specific responsibilities according to NCNA by-laws. For instance, the Cabinet on Constituent Associations will facilitate district organization and development; the Cabinet on Marketing, which subsumes the current Committee on Membership and Committee on Convention Program, will be addressing membership recruitment and retention and the image of nursing and will plan the association's annual convention; the Cabinet on Research, a newly established cabinet with no predecessor, is to promote and secure funding for research as well as serve as a clearinghouse for research activities; the Cabinet on Education and Resource Development will deal with nurse manpower needs, promote quality nursing education and provide a program of continuing education; the Cabinet on Practice will among other things promote adherence to ethical, professional and legal standards of practice; the Cabinet on Professional and Economic Development will identify basic principles of desirable employment standards for nurses and seek their implementation as well as advocate for the professional and economic rights of nurses; finally, the Cabinet on Government and Health Policy, which succeeds the current Committee on Legislation and Commission on Health Affairs, will assume the responsibilities of both of these groups in the areas of influencing health policy, interpreting nursing's concerns to private and governmental groups, and educating nurses in the political process. The strength of cabinets as communicating, influencing and deliberating bodies cannot be underestimated as we enter the first year of reorganization. Cabinets will be critical in assuring coordination of activities among their subordinate councils, in presenting well-conceived policies and proposals for approval by the governing body, and in putting in place major association programs for the betterment of nursing in North Carolina. Cabinets will be the nuclei in the new structure!

CEAU seeks consultants

The Continuing Education Approval Unit is planning to develop a list of consultants on the process of designing continuing education to be made available to agencies/institutions requesting or needing assistance in this area. The members of the CEAU will continue to serve as consultants on the process of applying for continuing education credit (contact hours) through NCNA.

If you are interested in being placed on this list, please send a current curriculum vitae addressing your qualifications to Joy Reed at NCNA. Note that any payment for consultation services will be negotiated directly between you and the agency/instutiton seeking help. NCNA will only provide a list of names and addresses of qualified consultants as a service to these agencies/institutions.

CALENDAR OF EVENTS

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural units meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee

October 27 — NCNA Board of Directors, Adam's Mark Hotel, Charlotte, NC

October 28 — Council of District Presidents, Adam's Mark Hotel, Charlotte, NC

October 28, 9 a.m. — Committee on Resolutions, Adam's Mark Hotel Charlotte, NC

October 28 3 p.m. — Steering Committee, Adam's Mark Hotel, Charlotte, NC

October 28-31 — 1987 NCNA Convention, Adam's Mark Hotel, Charlotte, NC

November 2 — NCNA Office CLOSED

November 10, 9:30 a.m. — Task Force on External Constituencies

November 16-17 — NCNA Board of Directors Retreat

November 20, 1:30 p.m. — Conference Group of Psychiatric-Mental Health Nurse Specialists

November 20, 12:30 p.m. — Continuing Education Subgroup of Primary Care Nurse Practitioners Conference Group

November 23, 10 a.m. — Task Force on Nursing Constituencies

November 26, 27 — Holidays, NCNA Office CLOSED

December 4, 10 a.m. — Steering Committee

December 11, 9:30 a.m. — Chairs of Task Forces

December 12, 9:30 a.m. — Federation of Nursing Organizations

December 24, 25 — Holidays, NCNA Office CLOSED

Think Membership

Malpractice liability insurance: an update

The July/August issue of the *Tar Heel Nurse* carried an article on pages 18-21 that included a fairly thorough report of the state of the malpractice liability insurance market at that time. Since then, the NCNA office has continued to pursue viable alternatives for North Carolina nurses and has continued to receive information of insurance possibilities and marketplace changes. As was the case in July, the report on this topic changes frequently — sometimes as often as daily. This article is intended to provide an update on the issue as of the time of this writing (9/4/87) and should be viewed as a supplement to the article included in the July/August *Tar Heel Nurse*.

- Cotterell, Mitchell & Fifer, Inc. has informed ANA that coverage for most nurse practitioners should be available soon. The firm intends to file a risk retention purchase group in order to provide the coverage on a national basis. At the time of this writing, the paperwork on the purchase group had not been completed and, therefore, the new program was not yet available. Cotterell, Mitchell & Fifer (C-M-F) was, however, continuing to accept applications from certain classes of nurse practitioners at a rate of $81. This rate will continue until the new program is filed with proposed rates ranging from an estimated $109-$800, including a student category. These ratees are subject to change when the final filing is made by C-M-F. The proposed rate structure is as follows:

C-M-F Nurse Practioner Insurance Rates

Area of Practice	Limits and Rates		
	$10,000/ $300,000	$500,000/ $1,000,000	$1,000,000/ $3,000,000
Student	$109	$142	$175
Gerontology/ Adult	219	285	350
Family Planning/ Gynecology	219	285	350
Psychiatric	313	407	500
Pediatric	406	528	650
Family NP	406	528	650
OB/GYN	500	650	800
Independent Practice, Midwives, Nurse Anethetists	NA	NA	NA
Part-time (less than 10 hours a week)	35% reduction	35% reduction	35% reduction

Note: Maginnis has arranged a sub-broker relationship with C-M-F which will allow nurses to obtain this same coverage through Maginnis and Associates.

- State Farm Insurance may be an alternative to nurses, including some nurse practitioners in independent practice. The company has an endorsement available to its homeowner policy known as FE-7467 "Nurses Professional Liability Insurance Endorsement". Underwriting will be on an individual basis, so independent nurse practitioners might be able to obtain coverage through this program. Additionally, insurance to cover nurses for areas such as business activities, education and administrative duties may be available through their personal lines insurance. State Farm Insurance Company has a "Business Pursuit" endorsement that can be added for as low as $7.00 per year. American Family Insurance has a similar endorsement for $10.00 per year.
- Western World is a surplus lines company which has coverage available in most states. It does not cover independent practice. The premium is reported to be $2500 for 100,000/300,000 in coverage. A nurse would have to go through a local agent in order to obtain coverage through this program.
- Kirke-Van Orsdel (KVI) has developed a liability program for registered nurses. This is the company endorsed by ANA *prior* to 1987. KVI's program in on a *claims-made basis* and excludes nurse practitioners. The program is apparently underwritten by RLI Insurance. It is a B+ rated company and is being offered through the Health Pro Purchase Group, Inc., which is owned and administered by KVI. Premiums are $50 for $250,000/$500,000 and $65 for $500,000/$500,000. Again, this is a *claims-made* format.

  Interestingly enough, ANA is currently experiencing a problem with KVI's solicitation efforts for its new liability program. ANA experienced substantial problems in obtaining all records of insurance programs from KVI when the endorsement agreement with that company was terminated on 1/1/87. Part of the formal termination agreement with KVI included the fact that they would not utilize any member records for solicitation in any KVI program. In recent weeks, ANA has received numerous complaints from members who have received a "payment notice" from KVI for their new program. The notice includes the member name, date of birth, last payment for liability insuance, and other information.

  KVI's attorney has been contacted saying that it appears the agency could be violating the agreement by using membership record information. KVI has been requested to cease this activity immediately. KVI's legal counsel is currently researching this. Needless to say, this matter has created considerable confusion among members. *Please be advised that neither ANA nor NCNA endorses KVI or its Health Pro Insurance programs.*
- The American Nurses' Association (ANA) has contracted with an independent risk management and actuarial consulting firm to coordinate the most detailed study of nursing malpractice claims ever conducted. The study was mandated by the ANA House of Delegates at its June 1987 meeting in Kansas City.

  The study is intended to give information needed to negotiate with insurance companies on a more knowledgeable basis and to assess whether the companies are charging realistic premiums. It will also evaluate the feasibility of establishing an alternative risk financing program for nurses.

  The goal of the study is to develop a data base on nursing's malpractice insurance claims experience to minimize future problems in this arena.

Standards workshops popular in August

During August, two practice divisions of NCNA sponsored workshops focusing on ANA standards of care. Both were well received by participants and stimulated lots of discussion about implications for practice settings.

"ANA Standards of Maternal-Child Health Nursing Practice: Issues and Implications" sponsored by the NCNA Maternal-Child Health Division was held on August 4 in Raleigh. The workshop drew more than 60 participants.

Keynote speaker Joan Robie (left) took time during the afternoon session to share her perspective with participants.

Janet Hutchins (standing) is a Risk Management Consultant with the N.C. Hospital Trust Fund. Her program presentation prompted much interest.

The afternoon session was spent in small group sessions developing strategies to utilize ANA standards in personal work situations. Sessions were led by members of the morning's panel. (left photo) Betty Wallace (far right) brought the perspective of a nurse practitioner. (middle photo) Sharon Uhryk (left) provided insight about the nurse manager's role in utilization of standards. (right photo) Rhonda Gurtis (left), a Neonatal Clinical Nurse Specialist at Pitt County Memorial Hospital, shared personal experiences in implementing standards in the clinical setting.

"ANA Standards of Community Health Nursing Practice: Issues and Implications" was presented by the NCNA Community Health Division in Hickory on August 25. Thirty-eight participants spent a very productive day with a national nursing figure, Ruth Hutchinson. Ms. Hutchison has recently been re-elected to a second term as chairman, ANA Council of Community Health Nurses.

Ruth Hutchinson (left) responded to participant questions on ANA Standards of Community Health Nursing Practice. These standards were revised during Ms. Hutchison's first term as chairman of the ANA Council of Community Health Nurses.

Shirley Mozingo (right) introduced panel members during the morning session. Left to right, they are Diane Fogleman, Ginny Reed, and Estelle Fulp. Pat Stillwell (not shown here) also participated as a panel member.

Nurses from across the state listened attentively to faculty members.

The Business of Nursing is . . . Changing

LETS MAKE IT BETTER

ELECT

SHEILA W. CROMER

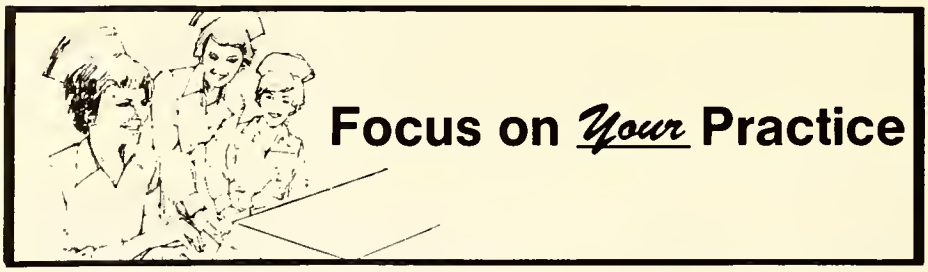
PRESIDENT-ELECT

EXPERIENCE: Current — Family Planning Nurse Practitioner, Pinewest Ob-Gyn, Inc., High Point, N.C.; Member of Assessment Team for Child's Medical Evaluation Program; Co-ordinator of Piedmont Premenstrual Syndrome Program, Lecturer
past-Staff Nurse and Team Leader Guilford County Health Department, Staff Nurse High Point Regional Hospital Coronary Care; Supervisor I Medical Unit and Staff Nurse ICU, N.C. Memorial Hospital-Chapel Hill; Staff Nurse, Moore Memorial Hospital, Southern Pines, N.C.

EDUCATION: ADN, Sandhills Community College, Southern Pines, N.C.
BSN, UNC-Greensboro, Greensboro, N.C.
FPNP, University of Fla., Jacksonville, Fla.
MS, UNC-Chapel Hill, School of Public Health, Chapel Hill, N.C.
Certified OB-GYN Nurse Practitioner — NAACOG

ORGANIZATIONS: NCNA, ANA, NAACOG, NCPHA, Sigma Theta Tau, Association for Retarded Citizens, High Point Teen Pregnancy Coalition (Board), Coalition on Adolescent Pregnancy (Board), Statewide Perinatal Council, Chair- Governor's Advocacy Council on Children and Youth

COMMITTED TO NURSING



Libba Wells,
M.S.N., R.N., C.S.,
Chair
Credentialing Subcommittee,
Commission on Practice

How can health-care consumers be assured that they are being cared for by competent providers? How can the public know that nurses are practicing at a level commensurate with their knowledge base and skills? Are there guidelines to insure that educational and training programs for nurses and other professionals meet minimum standards?

The answer to these questions lies in credentialing, the processes through which individuals, institutions, or programs are judged by qualified bodies as having met minimum standards at a specified time (American Nurses' Association, 1979). Through various legal and voluntary credentialing mechanisms, the nursing profession is regulated; the rights of society and of nursing professionals are protected.

As reported in earlier "Focus on Your Practice" columns, the Commission on Practice appointed a subcommittee to address the 1986 House of Delegates' resolution on credentialing. Composed of twelve nurses in varied practice roles, the group will report on its progress to the 1987 House of Delegates.

As a Commission on Practice member and a representative of psychiatric/mental health nursing, I have served as chair of the Credentialing Subcommittee this past year. Two other Commission on Practice members serve on the subcommittee: Betty Evans, a nurse anesthetist; and Joyce Nixon, a nurse practitioner. Other nurses appointed to the subcommittee and their respective practice areas are: Rachel Allred, occupational health nursing; Sarah Brown, medical-surgical nursing and emergency nursing; Sharon Caston, community health nursing; Patti Fralix, nursing administration; Debbie Hoy, infection control nursing; Sharon Lock (replaced by Cindy Garrett in June, 1987), maternal-child health nursing; Linda May, nurse midwives; and Ruth Ouimette, gerontological nursing. Janice McCrory has served as a representative from the Board of Nursing, and Hazel Browning has been our NCNA staff resource person.

The subcommittee's broad goals are as follows:

1. To educate the membership of NCNA about credentialing.
2. To assess the credentialing of North Carolina nurses beyond basic licensure.
3. To develop a cohesive approach to credentialing of nurses in North Carolina congruent with ANA policies and activities at the national level.

Our group has met four times this year. While the issues facing members in their varied practice specialties have been quite different in some respects, we have found that many of our concerns/needs are quite similar. We have spent considerable time in clarifying our task, in researching the topic, and in educating ourselves. We have consulted with the ANA Center for Credentialing Services and have studied many pertinent ANA publications. We feel that we have made significant progress in meeting our first two goals, stated above; we have not yet addressed the third goal. We will recommend to the 1987 House of Delegates that this group will be able to continue its work in the next biennium.

The Credentialing Subcommittee will sponsor a program at Convention entitled "The Credentialing Challenge: Excellence in Nursing Practice." This program will be held on Friday, October 30, 1987 from 4:00 to 6:00 p.m. The purposes of this program will be two-fold: (1) To educate you, the NCNA membership, about credentialing; and (2) to gain needed feedback from you. What do you need to know about credentialing? What quetions or issues should the Credentialing Subcommittee address in the next biennium? What problems are you encountering in *your* nursing practice? Are you certified? Is your practice "advanced"? Do you feel that NCNA could play a role in validating your credentials to consumers, third-party payors, potential employers, and the like?

We hope that you'll come to our Convention program so that we can share some of what we've learned with you. You can help us by sharing your expertise and concerns with us. Feel free to contact the subcommittee member who represents your practice area or any other member with suggestions or concerns.

Hope to see you at Convention!

REFERENCES

American Nurses' Association. (1979). *The Study of Credentialing in Nursing: A New Approach, the Report of the Committee.* Kansas City, MO: Author.

DID YOU SERVE IN VIETNAM??

If you served in the Army Nurse Corps in Vietnam between 1964-1975 and are female, you are invited to participate in a study being undertaken to look at the impact of the Vietnam experience on the personal and professional lives of women veterans. Those who complete and return the tear off form below will be sent a questionnaire to complete and return. The questionnaire will ask you to describe various aspects of your assignment and experiences during and after Vietnam.

Please bring this request to the attention of others who might also be interested in participating.

Yes, I would like to be included in a study on Female Vietnam Veterans.

Name: _____

Address: _____

City: _____ State _____ Zip _____

Send to Shirley W. Menard, R.N., M.S.N.
University of Texas Health Science Center at San Antonio
School of Nursing
7703 Floyd Curl Drive
San Antonio, Texas 78284-7948

News Briefs

- Albert Einstein College of Medicine and Montefiore Medical Center are sponsoring "Peripheral Vascular Nursing Update '87", November 12-13, 1987 at the Waldorf-Astroia Hotel, New York, NY. For more information contact: Pauline Kravath, Office of Continuing Medical Education, 3301 Bainbridge Avenue, Bronx, NY 10467 or call (212) 920-6674.
- "Oncology Nursing '87: Clinical Strategies and Interventions" will be held November 19-20, 1987 in Baltimore, Maryland at the Baltimore Marriott-Inner Harbor. For information contact: The Health and Education Council, Inc., 7201 Rossville Blvd., Baltimore, MD 21237 or call (301) 686-3610.
- "Pediatric Update" will be the topic of the 9th Annual Las Vegas Seminars to be held November 20-23, 1987 at Caesars Palace. To register write: American Academy of Pediatrics, Chapter 2, P.O. Box 2134, Inglewood, CA 90305.
- Nursing 87 International Journeys will sponsor a 15 day "Critical Care Certification Review" tour to Cairo, Egypt beginning January 22, 1988. For information call 800-645-2222.
- "Leadership Through Practice: The Cutting Edge", will be the title of the American Academy of Nursing's annual nursing practice symposium to be held January 28-30, 1988 at the Hyatt Regency Peachtree Plaza in Atlanta, Georgia. For information write Marketing, American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108 or call (800) 821-5834.
- "Recent Advances in Geriatric Rehabilitation 1988" will be held at the Holiday Inn at the Embarcadero, San Diego, California, February 15-17, 1988. For information write Office of Continuing Medical Education, UC San Diego School of Medicine, La Jolla, CA 92093 or call (619) 534-3940.
- The "Fifth Annual National Symposium on Physiologic Pacing for Cardiac Pacing Specialists" will be held February 17-20, 1988 at the James L. Knight International Center in Miami, Florida. For information contact Susan L. Catania, Principal Educational Programs Coordinator, TPL-Cordis, Inc., Department of Educational Services, P.O. Box 025202, Miami, FL 33102-5202 or call (800) 544-5569.
- The "First National Conference on Nursing Impairment and Well Being: Practical Applications" will be held May 11-14, 1988 at the Minneapolis Hyatt Hotel, Minneapolis, Minnesota. For information contact Pat Green, Program Chairperson, NNSA, Continuing Nursing Education, 107 Armory, 15 Church Street SE, Minneapolis, MN 55455 or call (612) 625-3020.
- "Exploitation by Professionals: The Abuse of Power" will be held May 6-7, 1988 at the Hershey Hotel, Philadelphia, PA. For information call Rita Nemchik, Director, Center for Continuing Education, University of Pennsylvania School of Nursing, 420 Service Drive, Philadelphia, PA 191-4-6096 or call (215) 898-4522.

New Resources:

- The American Journal of Nursing Company has the following new videos available: "Nursing Management of Acute Head Injuries"; "Nursing Management of Increased Intracranial Pressure"; "Complications of Spinal Cord Impairment"; "Caring for Patients Undergoing Laryngectomy"; "Cultural Assessment"; and "Nursing Diagnosis: Concepts and Practices". To purchase or rent, call the AJN Company at (800) 223-2282 or write AJN Company, Educational Services Division, 555 West 57th Street, New York, NY 10019-2961.
- Williams & Wilkins announce publication of *A Guide to the Nursing of the Aging* by Charlotte Eliopoulos, RN, MPH, and *Coronary Care Modules by Marlene Pechan, RN, MSN. Both are available by writing the company at 428 East Preston Street, Baltimore, MD 21202 or (301) 528-4000.*
- Springhouse announces publication of *Families and Life Threatening Illness* by Maureen Leakey, RN, PhD and Lorraine M. Wright, RN, PhD; *Families Psychosocial Problems* by Maureen Leakey, RN, PhD and Lorraine M. Wright, RN, PhD; *Families and Chronic Illness* by Lorraine M. Wright, RN, PhD and Maureen Leakey, RN, PhD; and *EKG Cards*. For review copy contact Anne Molettiere, Marketing Assistant at (215) 646-8700.
- *Handbook of Office and Ambulatory Gynecologic Surgery*, edited by Philip D. Darney, MD is a new release from Medical Economics Books, Box C-779, Pratt Station, Brooklyn, NY 11205-9066.

NCNA discontinues membership benefit

The Board of Directors of NCNA voted at its August 7, 1987 meeting to discontinue offering the free $1000 accidental death and dismemberment policy as a membership benefit through American Income Life Insurance Company.

NCNA members who wish to retain the policy may use the "conversion privilege" offered by the company. To convert to individual coverage, contact Mr. Warren H. Goodwin at American Income Life Insurance Company, 3200 Old Wake Forest Road, Suite 104, Raleigh, NC 27609, (919) 872-9516.

TO: *Clare, Hazel, Joy, Pat, Kim*

A special thanks to you for an exciting, challenging and busy two years. I know first hand of the hours of hard work you spent in supporting NCNA's activities. You give time, energy, and commitment to the work of the association and stand in the background for us, the members, to shine in our accomplishments.

Love & Light,

Hettie

NOTICE

Bring this issue with you to the convention. It contains proposed goals, priorities, resolutions, and the legislative platform that will be voted on by the House of Delegates.

NCNA Peer Assistance Program on the move

— from page 1

pose of the program is reflected in the philosophy of PAP. The key points in the philosophy focus on the responsibility of the profession to monitor its own practice and to provide assistance for those that are impaired: substance abuse is an occupational hazard in nursing, recovery is possible, and the impaired nurse is a valuable health care resource whose potential should be preserved.

The Peer Assistance Program focuses its educational and informational activities in three major areas. These areas are:

1. Assistance — includes confrontation, referral, support and consultation.
2. Education — includes awareness, prevention, identification and confrontation; and
3. Reentry — includes advocacy and networking.

These three components of PAP are in the process of being phased into action gradually over a period of time. During the last biennium (1985-1987) the educational component was fully implemented, with partial implementation of the assistance and reentry components. Currently, PAP has several things to offer. In the educational component, the PAP Committee has developed a structured educational curriculum that includes information on substance abuse and its effect on nursing practice. Specific focus of the programs includes how to recognize the impaired nurse and assist that nurse into treatment. Speakers are available for workshops, inservice presentations, and regional programs. The program length can vary from one hour to a five hour workshop, with all programs approved for continuing education credit. In an effort to promote the wellness component of PAP, prevention of impairment is stressed in the educational program which is targeted at groups such as schools of nursing and nurse administrators. Numerous programs and presentations on nurse impairment have been presented by PAP Committee members through the state.

The assistance component of PAP has partially been implemented during the last biennium. PAP Committee members have completed a resource notebook that contains information about treatment and aftercare facilities throughout the state. This information is used to assist nurses seeking treatment by providing basic information about treatment options available. Directors of Nursing and other employers of nurses may also contact PAP Committee members for referral information.

Currently, attention is being directed toward obtaining PAP volunteers throughout the state to serve on area liaison teams. These teams of nurse volunteers will serve as contacts within defined geographic regions, offering support and advocacy for impaired and recovering nurses. The volunteer network is actually the major piece of the PAP assistance component, with the volunteers assuming responsibility for coordinating the Peer Assistance Program within their region. Our network of volunteers is expanding rapidly. The first orientation for volunteers is scheduled in late fall. It is not too late for interested individuals to sign up as a volunteer and join in the first orientation. Volunteers are needed from all areas of the state to fully implement this aspect of the program. Information sheets and application forms for volunteers are available from NCNA headquarters and PAP Committee members. Once the volunteer network is in place, PAP will be able to formally accept clients.

Reentry is the third and final component of PAP and is partially implemented at this time. PAP Committee members have developed guidelines for employers in working with recovering nurses and offer this information through consultation with potential employers. In addition, a sample contract to be used in employing a recovering nurse has been developed and is available from committee members. The realm of support and advocacy through treatment, aftercare, recovery, and reentry into nursing practice will be the role of the area liaison teams of volunteers, once these teams are established.

Plans for the immediate future of PAP are exciting. The most ambitious project undertaken by PAP Committee members is a truck raffle. This is part of the Committee's fundraising efforts. The drawing for the 1988 Mitsubishi Mighty Max Truck will take place at the 1987 NCNA Convention during the Saturday House of Delegates session. Cost for each ticket is $100, with only 300 tickets available for purchase. Yes, we plan to sell all 300 tickets, so if you haven't bought your ticket yet, you may contact either a PAP Committee member, NCNA headquarters, or visit the PAP Exhibit Booth at Convention. The success of this fundraising event is essential to the future development of PAP, and depends on the commitment of each and every nurse in the state. Employment of at least a part time coordinator for PAP will guarantee the continued implementation of all components of PAP as the program expands and continues to develop.

The PAP Committee members have been busy planning a program for convention. This year, we are offering a rare opportunity for nurses to interact with a panel of recovering nurses. Nurses will share their experiences, and respond to a panel moderator. The program is planned for Friday, October 30, from 4-5:30 p.m. Following the program PAP Committee members will be available to meet with interested volunteers.

The Peer Assistance Program is in an exciting era, with a variety of tasks at hand. During the next biennium (1987-1989), complete implementation of PAP is planned. Grant support will be sought as well as financial support from local agencies. A crisis line is in the planning phase, and hopefully will be a reality when the funds are available. The volunteer network and orientation programs will continue to be a focus during the next two years, as the PAP continues to grow. And of course the educational component of the PAP will certainly continue to expand as more requests for programs are met. What we must do is to come together to help our own. And we will only do that when we accept that we need to offer the competent, compassionate nursing care that every impaired and recovering nurse needs.

Speakers Bureau seeking additional volunteers

The Committee on Membership of NCNA is seeking additional volunteers who would be willing to be a part of the Speakers Bureau. The committee is particularly interested in volunteers from those districts not currently represented on the Speakers Bureau: Districts 5, 7, 12, 17, 21, 24, 25, 26, 28, 31, 32, 34, and 35.

The purpose of the Speakers Bureau is to provide a core group of knowledgeable and respected NCNA role models who may be called upon to speak to groups of students, nurses, or interested others about the professional association. Guidelines and resource materials are provided to members of the Speakers Bureau by the Committee on Membership.

To volunteer, call Joy Reed at NCNA, (919) 821-4250.

Steering Committee

The Steering Comittee and its six task forces have been working over the past two months to further develop and refine the plan for implementation of two levels of entry into nursing practice.

The Task Force on Scope of Practice and the Task Force on Statewide Educational Needs have identified and discussed the relationship between their charges and will be meeting jointly within the next few months to draft a position paper on issues related to both education and practice.

The Task Force on Nursing Constituencies is making plans for an initial round of regional forums directed toward all licensed nurses in North Carolina. Tentative plans include the use of thirteen sites across the state and sending a notice to every licensed nurse. The purpose of these initial forums will be to provide information about the entry into practice issue and to seek input from nurses on their concerns related to implementation in North Carolina.

Upon recommendation of the Task Force on Statewide Educational Needs, NCNA is analyzing the possibility of hosting an invitational conference for all state nurses' associations actively involved in developing plans to implement two levels of entry into nursing practice, so that SNAs may share survey results, strategies, successes and failures.

The Steering Committee has appointed a subcommittee consisting of Hettie Garland, Cynthia Freund, and Ruby Barnes, to analyze data related to the current and future supply and demand for nurses in North Carolina.

The Steering Committee has planned an Open Forum to be held October 29, 1987, 9:30-10:30 a.m. at the NCNA Convention, Adam's Mark Hotel in Charlotte. Steering Committee members will be present so that NCNA members and convention participants will have the opportunity for open dialogue with the Committee.

Focus on Districts

by Joy Reed

September has arrived and with it, the start of a "new year" for most district associations. Newly elected officers have been meeting over the summer to "get organized" and plan an exciting year of programs and activities.

Several districts, 3 and 9, 34, and 5, have planned picnics or programs to offer their members an opportunity to meet NCNA's "new" Executive Director, Clare LaBar. Districts 3 and 9 are also joining forces to present the Commission on Education's program "Entry Into Practice: Do You know the Facts?"; District 19 also has this program scheduled in September.

Other program topics around the state are: District 9 — "Political Action Committee — An Important Force within the Nursing Profession", speaker: Sheila Cromer; District 14 — "Supporting Others Through Caring Confrontation", speaker: Sally Todd; District 22 — "Ethical Ramifications of Allocation of Scarce Resources", speaker: Candace Gautheir; District 35 — "The Nurse's Role in the Legislative Process", speaker: Gale Johnston.

October meetings for most districts will focus on discussion of issues to be addressed at the NCNA convention, such as the two resolutions on "Declining Enrollment in North Carolina Schools of Nursing" and "Professional Development of Registered Nurses", and the proposed goals and priorities and legislative platform (see elsewhere in this issue of *THN*). They will also be discussing candidates for election to NCNA and structural unit office and preparing campaign stragegies for supporting candidates from their districts.

If you cannot attend the convention, make sure you attend the October district meeting to make your views known so that your voice will be heard when the House of Delegates acts on these important issues.

Actions of the Board

At its August 7, 1987 meeting, the NCNA Board of Directors took the following actions:

- Adopted new job descriptions and salary ranges for NCNA staff.
- Voted to discontinue its contract with American Income Life Insurance and to notify the membership of such through the *THN*.
- Recommended that NCNA continue to monitor liability insurance issues and inform the membership of significant changes in the *THN*.
- Decided to endorse a credit card program for members being sponsored by ANA.
- Recommended for adoption a list of goals and priorities for NCNA, 1987-1989.
- Adopted a list of purposes for the soon-to-be-established Foundation for Nursing in North Carolina.
- Agreed to recommend the name of Hattie Bessent for nomination for ANA's Mary Mahoney Award and the name of Frances Miller for nomination for ANA's Honorary Membership Award.
- Appointed Jo Franklin and Davy Crockett as Delegates and Judy Seamon as Alternate Delegate to the N.C. Council of Women's Organizations.

At its September 4, 1987 meeting, the Board of Directors took the following actions:

- Approved the establishment of a Nurse Educator of the Year Award.
- Approved policies and procedures for continuing education approval and provider unit functions.
- Approved a Position Statement on Substance abuse.
- Requested that a long range plan be

Continued on page 18

1987 Legislative Session adjourns, at long last

— Continued from page 1 —

Senate Bill 821, reviewed in the July-/August issue of the *Tar Heel Nurse*, is now law and authorizes a new fee ceiling for licensure by endorsement, license renewal, and license reinstatement for both registered nurses and licensed practical nurses.

The measure was heard in the House Finance Committee on Tuesday, July 14. Senator Marshall Rauch (D-Gastonia) was present to explain the bill to committee members. There was virtually no debate or questions once the bill sponsor completed his review of the bill and it was given an unanimous favorable report.

Subsequently, the bill was scheduled to be debated on the House floor on Friday, July 17 for second reading and final third reading came on Monday evening, July 20. Both votes were overwhelmingly affirmative and came with little or no debate. House Speaker Liston Ramsey and Lieutenant Governor Bob Jordan signed the measure on July 21, thereby making the language law. The revised language will allow the North Carolina Board of Nursing to more easily exercise sound financial judgment as it goes about the business of regulating the practice of nursing.

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House Bill 285 (see July/August *Tar Heel Nurse*) was ratified on August 3. This new law will required hospitals to establish protocols for organ procurement. NCNA worked in support of this measure.

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The 1987 session brought several pieces of legislation that proposed licensure of new health occupations groups. A few of these were of interest to nursing including the following:

House Bill 428/Senate Bill 420 (identical bills): An Act to Regulate the Practice of Dietetics/Nurtition.

Senate Bill 432: An act to Provide for the Regulation of the Practice of Counseling and the Licensure of Counselors.

House Bill 585: An Act to Regulate the Practice of Respiratory Care.

House Bill 1250/Senate Bill 763: An Act to Establish the Radiation Technology Practice Act.

All of these bills were sent to the Legislative Committee on New Licensing Boards.

This body is charged to review new licensing agency proposals and prepare an assessment report for the General Assembly. The process must be complete and the assessment report attached to the proposed bill copy prior to consideration in the Senate. Legislative staff report that the information requested by the Legislative Committee on New Licensing Boards was not submitted by those seeking licensure of Radiation Technologists. Therefore, that bill is considered to be dead. The committee met on July 16 and heard comments from the primary proponents of the remaining legislative initiatives and again on August 13 at which time the chairman presented proposed assessment reports for the committee's consideration. By the end of the meeting, the committee took action to recommend that the General Assembly give favorable consideration to legislation proposing the licensure of dieticians/nutritionists and of respiratory care therapists. The committee did not recommend favorable consideration of legislation for licensure of counselors.

These are matters for follow up in future sessions. NCNA is opposed to additional licensure of new groups but, above all else, will work to assure that, if achieved, no new licensures will limit, preclude, or otherwise interfere with the practice of nursing.

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A record $18.4 billion operations budget for 1987-89 was approved by the General Assembly on August 7 in the form of HB 1514. In this package federal blocks grants for Preventive Health totalled $89,369; Maternal and Child Health Services $14,045,952; Alcohol and Drug Abuse and Mental Health Services, $11,671,473; and Alcohol and Drug Abuse Treatment and Rehabilitation $3,016,748. More than 230 special provisions were included in the bill, one of which was continuation of the Indigent Care Study Commission. An appropriation of $25,000, was provided to the Legislative Services Commission to fund the Indigent Care Commission's activities. Additionally, this bill incorporated the funds requested in SB 392/HB 640. The appropriation of $50,000 in each year of the 1987-89 biennium is earmarked to train public health nurse supervisors, staff and community health aides. Other special provisions set aside $750,000 per year as "health promotion funds" and $445,000 in 1987-88 as adolescent pregnancy funds. The North Carolina Medical DataBase Commission was also refunded.

• • •

House Bill 1 was "revised" on the final day of the session to incorporate a new title, "An Act to Authorize Studies by the Legislative Research Commission (LRC), to Create and Continue Various Committees and Commissions, To Make Appropriations Therefore, and to Amend Statutory Law." As indicated, this bill authorizes various studies which the LRC *may* study. This bill cites issues addressed by other legislative bills calling for their study including:

HB 72	Acquired Immune Deficiency Syndrome (AIDS)
SB 54	Continuation of Study on Problems of the Aging
SB 357	Wellness Program for State Employees
SB 856	Care Provided by Rest Homes, Intermediate Care Facilities and Skilled Nursing Homes
SB 384	Gerontology (as it relates to economics, health-related matters, independent living, and long-term care.
HB 965	Parental Leave

The bill also creates two commissions of interest: the Adolescent Pregnancy Study Commission and the Adoptions and Surrogate Parenthood Study Commission.

Provisions of SB 698/HB 1020 were NOT included. These bills called for the LRC to conduct a study of "issues related to having health care professionals and those in related professions receive direct reimbursement from third parties for preventive health care."

• • •

That is a very cursory summary of the 1987 session, 135 days filled with much activity in the halls of the General Assembly. Rest up. Eat your wheaties. They'll be back on June 2, 1988 to convene the "SHORT SESSION."

Multiply Membership

NCNA Membership in ANA Councils

The American Nurses' Association offers members of state nurses' associations the opportunity to declare their interest in a particular aspect of nursing practice and to be involved in addressing issues related to that practice area at the national level through membership in one of its 12 councils. Many NCNA members have taken advantage of this opportunity. In order to promote networking of nurses with similar interests, North Carolina nurses who are members of ANA Councils are listed below.

Council on Computer Applications in Nursing: Lynn Boyle, Jacksonville, Maureen Brady, Charlotte, Kerry Dominick, Chapel Hill, Paul A. Gray, Jr., Wilmington, Lois Haas, Havelock, Margaret Hargett, Greensboro, Beth Jaekle, Greensboro, Rhea Markello, Greenville, Clara Milko, Cary, Barbara Stocks, New Bern.

Council of Community Health Nurses: Marilyn Asay, Chapel Hill, Yvonne Chilcoat, Asheboro, Joanne Corson, Raleigh, Carol Cox, Greenville, Marion Highriter, Chapel Hill, Bonnie Rogers, Chapel Hill, Maija Selby, Cedar Grove, Dorothy Talbot, Chapel Hill, Pauline Vincent, Greenville.

Council on Maternal-Child Nursing: Mary Brodish, Clemmons, Patricia Gottschall, Greensboro, Cynthia Luke, Wilmington, Eunice Messler, Greenville, Margaret Miles, Chapel Hill, Ola Osborne, Smithfield, Sharon Sarvey, Smithfield, Judy Virnelson, Spruce Pine.

Council on Medical-Surgical Nursing Practice: Linda Hodges, Greensboro, Gwen Jones, Durham, Sarah Keane, Charlotte, Eileen Kohlenberg, Greensboro, Carolyn Rosin, New Bern, Linda Russell, Durham, Theresa Tranbarger, Greensboro.

Council on Psychiatric and Mental Health Nursing: Anita Aguirre, Asheville, Kathleen Allan, Morganton, Genevieve Bartol, Greenville, Martha Baskin, Spindale, Carolyn Billings, Raleigh, Agnes Bolcer, Statesville, Dona Caine, West End, Josepha Campinha-Bacote, Ahoskie, Georgene Eakes, Greenville, Joanne Evans, Greensboro, Ann Fishel, Chapel Hill, Elaine Fox, Swannanoa, Barbara Geddie, High Point, Amy Jeroloman, Carrboro, Sandra Johnson, Greenville, Sarah Keane, Charlotte, Wanda Lancaster, Greenville, Daniel Longenecker, Greensboro, Betty Lowder, Albemarle, Emma McAcatangay, Goldsboro, Virginia Messick, Burlington, Elizabeth Munsat, Chapel Hill, Ann Newman, Charlotte, Gail Pruett, Durham, Margaret Rimer, Waxhaw, Carol Saur, Durham, Judith Southerland, Raleigh, Elizabeth Wells, Hillsborough, Norma Willhoit, Chapel Hill, Sarah Wilson, Carrboro.

Council of Nurse Researchers: Kathleen Boggs, Concord, Patricia Chamings, Greensboro, Laurel Copp, Chapel Hill, Inge Corless, Chapel Hill, Deborah Craver, Lexington, Mary Dowe, Chapel Hill, Margery Duffey, Chapel Hill, Judith Forker, Raleigh, Annette Frauman, Durham, Barbara Germino, Chapel Hill, Margaret Hargett, Greensboro, Joanne Harrell, Chapel Hill, Betty Harris, Raleigh, Marion Highriter, Chapel Hill, Carol Hogue, Durham, Fred Jung, Chapel Hill, Virginia Karb, Greensboro, Nancy Langston, Charlotte, Pauline Mayo, Charlotte, Eunice Messler, Greenville, Margaret Miles, Chapel Hill, Mary Lou Moore, Winston-Salem, Virginia Neelon, Durham, Barbara Nettles-Carlson, Chapel Hill, Bonnie Rogers, Chapel Hill, Ruth Wiese, Charlotte.

Council on Continuing Education: Geraldine Briley, Fayetteville, Margaret Bye, Raleigh, Laurice Ferris, Chapel Hill, Rita Finnen, Greenville, Vickie Fore, Ayden, Lucy Fort, Chapel Hill, Carolyn Henderson, Durham, Sharon Kerr, Winston-Salem, Rhea Markello, Greenville, Elsa Moeller, Salisbury, Carol Foster, Wilmington, Virginia Newbern, Greensboro, Clara Rush, Garner.

Council on Gerontological Nursing: Carol Hogue, Durham, Aletha Jennings, Raleigh, Laura Mathew, Durham, Mary Ann Matteson, Chapel Hill, Noleeka Mizelle, Scotland Neck, Judith Moore, Durham, Carolyn Morris, Rougemont, Virginia Newbern, Greensboro, Ruth Ouimette, Chapel Hill, Betty Jane Reynolds, Stokes, Deborah Rutledge, Chapel Hill, Elsie Sieblink, Winterville, Carol Stanley, Louisburg, Virginia Stone, Durham.

Council on Nursing Administration: Beatrice Chase, Charlotte, Mary Curran, Huntersville, Rachel Funderburk, Morganton, Carol Howard, Durham, Karen Hutcherson, Rural Hall, Russell Tranbarger, Greensboro.

Council of Clinical Nurse Specialists: Sylvia English, Greenville, Anne Flash, Chapel Hill, Patricia Gottschall, Greensboro, Linda Ingram, Raleigh, Karen Kaiser, Advance, Marie Muskovin, Wilson, Yvonne Rhode, Durham, Marie Welch, Washington.

Council on Primary Helath Care Nurse Practitioners: Teresa Anderson, Randleman, Sandra Baden, Morganton, Agnes Binder, Charlotte, Julie Bogguss, Charlotte, Jimmie Butts, Raleigh, Eva J. Felts, Winston-Salem, Amanda Greene, Carrboro, Margaret Haaga, Burnsville, Gloria Hilton, Stoneville, Pauline Hoover, Charlotte, Nancy Hutchinson, Raleigh, Constance Kitchen, Jacksonville, Diane Meelheim, Greenville, Barbara Nettles-Carlson, Chapel Hill, Joyce Nixon, Gastonia, Hilda Pate, Winston-Salem, Linda Russell, Durham, Pamela Sonney, Raleigh, Betty Thomas, Fayetteville, Susan Todd, Durham, Gale Touger, Raleigh, Donna Wiggins, Rocky Mount, Janet Wolfe, Raleigh, Judith Zentner, Hickory.

Council on Cultural Diversity in Nursing Practice: Josepha Campinha-Bacote, Ahoskie, Sonya Hardin, Hickory, Helen Miller, Durham.

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NATIONAL COUNCIL ON PATIENT INFORMATION AND EDUCATION

Involvement

Key to Membership Retention

When the membership renewal notice arrives in the mail, most nurses return the form along with the required fee, thus continuing their NCNA membership. A few, however, do not return the notice and their names are dropped from NCNA membership roles.

Why do nurses discontinue their membership in NCNA? What are the characteristics of these nurses and what is their level of membership involvement? These questions were the focus of a study in a 22-item survey instrument that was mailed to each NCNA member whose names appeared on 1987 monthly computerized membership printouts as "membership deleted". The survey, conducted by the Committee on Membership, was designed to provided helpful information for later use in developing membership retention strategies. Membership retention is the primary focus for the committee this year.

Data in returned questionnaires have been analyzed by the committee and a summary of that analysis provides some beginning answers to the study questions.

One of the major findings from the data analysis is the limited involvement in NCNA and district activities by those who elected to drop their membership.

When asked about participation and involvement, the results showed that:

- ☐67% never voted in district elections
- ☐76% rarely or never attended district meetings
- ☐86% never volunteered time for district projects
- ☐90% never served as an officer of committee chairman

When asked their reasons for non-involvement in state and district activities, former members cited work and family commitments as primary reasons. Former members did, however, admit to several advantages to belonging to NCNA. They cited, in ascending order of importance: continuing education, professional fellowship, services to members and legislative involvement and political action.

North Carolina Nurses Association

It was of interest to note that the majority of persons that returned questionnaires were either people who had been members of NCNA for many years and were now retired from nursing practice or individuals who had belonged to NCNA for less than five years.

Davy Crockett, Chairman of the Committee of Membership, says he hears the message from the survey results loudly and clearly: the key to membership retention is involvement. "Those members who are actively involved experience the benefits of membership more intensely and develop a higher level of commitment to the association", says Crockett. "The committee must use these survey results to develop a solid retention program that will cause the nurse, when the renewal notice arrives in the mail, to happily return the application and fee." Crockett has been Chairman of the Membership Committee and Vice President of the Board of Directors form 1985 to 1987.

When The *Tar Heel Nurse* went to press NCNA's membership was 3113.

Actions of the Board

from page 15

developed for redecoration of the headquarters facilities.

- Approved a new part-time position for assistant executive director, marketing and constituent services for FY1988.
- Approved the purchase of an additional computer work station.
- Requested that a long range plan be developed by a board-appointed task force to automate the office.
- Approved changes in policies related to use of the NCNA membership list; member requests for assistance related to economic and professional development issues; periodic review of member benefits; functions for an Advisory Committee on Collective Bargaining; staff lobbying for NCNA or ANA candidates for elected offices; and periodic review of position statements.
- Approved a recommendation related to hosting a conference on entry issues both at the 1988 ANA Convention and in North Carolina.
- Approved a *THN* Editorial Committee and related policies.
- Decided to nominate Sheila Englebardt and Debbie Craver for Outstanding Service Awards to be given by the Board of Directors.
- Decided to recommend to ANA Gene Tranbarger for the ANA Committee on Credentialing; Connie Meely for the Committee on Impaired Nursing Practice; Jo Franklin for the Commission on Graduates of Foreign Nursing Schools; and Hazel Browning for the Delegate Credentials Committee.
- Decided to recommend Ann Fishel for appointment to the ANA Committee of Examiners for Psychiatric/Mental Health Nursing.

Biennial Report

The NCNA 1985-1987 Biennial Report is a compilation of biennial reports of all officers, structural units, and special representatives. The report will be distributed to each convention registration in his/her convention packet. Other NCNA members may receive the report upon request from NCNA offices following the convention.

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NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
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Vol. 49, No. 4 July-August 1987

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Information for Authors

The TAR HEEL NURSE welcomes manuscripts from members of the North Carolina Nurses Association. Manuscripts should be addressed to Hazel Browning, TAR HEEL NURSE, P.O. Box 12025, Raleigh, NC 27605. Articles will be considered for publication on the condition that they are submitted solely to the TAR HEEL NURSE. Manuscripts should be typed, double spaced. The author's name, title, employer, district membership, and complete address should be included.

Deadline

Manuscript and ad copy submitted for publication consideration must be received at NCNA Headquarters by the first day of odd numbered calendar months preceding publication date. All submissions are subject to editing and none will be returned.

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Tar Heel Nurse

Vol. 49, No. 6 OFFICIAL PUBLICATION OF THE NORTH CAROLINA NURSES ASSOCIATION November-December 1987

1987 NCNA Convention Smashing Success

From October 28-31 more than 400 nurses and nursing stidents registered to attend some or all of NCNA's 1987 Convention, held this year at the Adam's Mark Hotel in Charlotte. The theme for the 4-day event was, "The Business of Nursing is...Changing." A full agenda of speeches, presentations, forums and programs interpreted the theme in a variety of ways, leaving no doubt in convention-goers minds that nursing is a business and its issues must be addressed from that perspective. Starting off, keynoter Dave Fellers, ANA's Director of the Division of Marketing and Public Affairs, presented marketing approaches that could influence positive outcomes for nursing. Luncheon speaker Cynthia Freund, Chairman of the Department of Core Studies at UNC-CH, discussed ways to prepare the product being marketed (nursing) for the health care marketplace of the future. Sally Todd, President of Nursing Business News, further expanded on business concepts through her ideas on nurse entrepreneurship as the Elizabeth Holley Memorial lecturer.

In between nursing programs there was campaigning and more campaigning. This was election year for NCNA officers and cabinet chairs. Lobbying was visible, intense and more elaborate than ever. On October 31, President Garland declared the winners to be duly elected officers and cabinet chairs; and they took their places at their first luncheon meeting at 1:00 pm that day.

During the last two days of the convention NCNA's House of Delegates, the governing body of the Association, met to deliberate on current nursing issues, take positions by adopting motions and resolutions, and set direction for the Board of Directors during the 1987-89 biennium. The House adopted five resolutions and several motions and approved goals and priorities and a legislative platform. (See elsewhere in this issue for a complete listing of actions and election results.)

New President Takes Helm

Jo Franklin, Salisbury, became President of the North Carolina Nurses Association on October 31 at the House of Delegates meeting in Charlotte, NC.

Jo brings to her presidency a proven record of leadership both in North Carolina and her homestate of Illinois. She has served NCNA as President-Elect and Chairman, Nurse PAC. In Illinois she was both President and Treasurer of her District, Secretary of the Illinois Nurses' Association-Pediatric Division, and Area II Director to the National Council of State Boards of Nursing.

Jo received her M.S. with a major in Maternal/Child Nursing from Northern Illinois University and her B.S. from the University of Illinois. She is the Care-Coordinator of Hospice of Rowan County.

Jo Franklin

Jo is excited about her presidency and welcomes the challenge of serving during this time of transition. Her style is one of encouragement and support to other board members and the staff. Her primary goal is to see NCNA make progress on the Association's position on entry level. She feels that the increasing shortage of nurses is symptomatic of this larger issue, "Our Association will be looked to for some answers, and we need to be concentrating on some long-term solutions."

In this issue—a special retrospective on Convention '87

Keynoter's speech 2
President's address 6
Actions of the House 9
Election results 10
Award winners 4

Convention Keynoter Advises Nurses On PR

On Wednesday, October 28, three hundred nurses leaned back in their chairs after finishing the last bite of key lime pie and listened to Dave Fellers, ANA's Director of the Division of Marketing and Public Affairs, say what nurses all know so well, that nursing is an exciting profession, pregnant with opportunities. Fellers continued by balancing optimistic statements with realism and cautioned the North Carolina nurses about nursing's current problem: a shortage of hospital nurses; declining enrollment in nursing schools; a negative feeling by nurses about their own profession; and salaries that are below the value of nurses' services.

"We must market ourselves to the public," the keynoter challenged. "The public does not know that today's nurses are administrators, researchers, political consultants, members of state regulatory bodies and advisors to government and private businesses." Citing results of a national survey sponsored by the American Nurses' Association in 1985, Fellers reported that nursing is a profession that is respected and appreciated by the public but there is not a clear understanding about what nurses do and the real importance of the profession to the health care system. This knowledge gap needs critical attention in order to convey a positive image of nursing. How can nurses tell their story better? Fellers gave the group six commandments:

Dave Tellers schools N.C. Nurses on marketing.

1. Build contacts with the news media. Find out who the health care reporters are at the district level and offer to meet with them to discuss nursing using a current issue such as the nursing shortage to hook them in.
2. Get acquainted with the public relations people in the hospital or other employment setting, take them to lunch, advise them on nursing's role.
3. Get involved in business or community activities and offer to serve on committees of consumer groups or civic organizations.
4. Offer to be on a radio or TV talk show to provide the public with information on a specific area of knowledge.
5. Take on a business attitude or approach to sell nursing to the health care system. Be competitive. Advertise. Set up a referal service. Do a newsletter.

The key to nursing's power, concluded Fellers, is the individual nurse intentionally marketing the positive image of professional nursing.

All A-board

The composition of the new Board of Directors is as diverse as the membership of NCNA. Most share a commmon bond of active participation in the Association both on the state and district level. Most received their education in North Carolina, and all are committed to serving the membership and nursing in the state.

Hospital Administration is the chosen field of most of the elected officers. Wanda Boyette, Vice President from Wilson, is the Assistant Administrator for Sampson Memorial Hospital. Wanda has served NCNA on the nominating Committee and as a delegate to NCNA and ANA. Marlene Howlett, Secretary, is the Director of Nursing at the Brunswick Hospital in Wilmington. She received her education in Virginia and shares an interest in Hospice with Jo. Patti Fralix is Vice President for Nursing and Special Services at Rex Hospital in Raleigh and will be serving as Treasurer. She is President of the Wilson Branch of AAUW and President-Elect of NCONE.

Gale Johnston, President-Elect from Raleigh is a self-employed nurse practitioner working with the Wake County Health Department and the Wake County Alcoholic Treatment Center. Gale has been very active in NCNA serving as Vice-President, chairman of the Membership Committee and Co-Chairman of the Committee on Legislation.

Four of the new cabinet chairs are instructors or professors. Linda Wright, Cabinet on Education, is a nursing instructor in Morganton. She has her M.S.N. and B.S.N. She has served on the NCNA Board of Directors and the Steering Committee and Task Force on nurse constituencies.

Terri Lowler, Cabinet on Government and Health Policy, is a professor at East Carolina University. She received her Ed.D., NCSU; Masters of Public Health, UNC-CH; and B.S.N., Georgetown University. Rachel Stevens, Cabinet on Professional and Economic Development, also earned her Ed.D. from NCSU. She is an assistant professor in Curriculum for Public Health Nursing, School of Public Health, UNC-CH. She received both her M.S.N. and B.S.N. from UNC-CH. Mary Lou Moore, Cabinet on Research, is a research instructor at Bowman-Gray School Medicine. She has her PhD, UNC-G; M.A., Wake Forest University; B.S.N., Medical College of Virginia.

The other three cabinet chairs bring a wide range of education and interest to their cabinets. Davy Crockett, Kernersville, is the Clinical Director of Surgical Nursing at the Moses H. Cone Hospital. Davy is chairing Cabinet on Constituent Associations. He has served on the NCNA Board of Directors as well as other committees and task forces.

Martha Henderson, Cabinet on Practice, is the Director of Out Patient Services at Carol Woods Retirement Center in Chapel Hill. Martha has her Doctorate of Ministry from Southwestern Seminary and her M.S.N. and B.S.N. from Duke University. Another Duke connection is Deborah Hutchinson, Cabinet on Marketing. Deborah is a flight nurse for Duke University Medical Center's Life Flight. She has her B.S.N. from UNC-CH. She has served as past President of the American Association of Neuroscience Nurses.

Joanne Beckman, Durham, will be serving as the Representative of Constituent Form. Joan Bounds, Durham, and Sandra Randleman, Lewisville, continue their terms as Directors-at-Large.

"Changing the Future of Health Care: The Nurse Entrepreneur Spirit"

This year's choice for Elizabeth Holly Memorial Lecture, Sally Todd.

Sally Todd gave the Elizabeth Holley Memorial Lecture on Friday, October 30. She is President of Nursing Business News, Inc. which is an education and publication firm emphasizing health care management.

Sally Todd's favorite definition of a nurse entrepreneur is "Someone who has a big enough ego to think that she or he could do anything, and a small enough ego to do anything to accomplish that goal." (Riccardi & Dayani, *The Nurse Entrepreneur*, 1982)

The health care field does not encourage entrepreneurial behavior. The demand to innovate in a public service institution is most often resented as an attack on its basic commitment, beliefs, and values. These are serious obstacles to innovation and entrepreneurship.

Successful innovators exploit change. To think and act as entrepreneurs, we need to know where to look for opportunities for innovations.

P.F. Drucker, *Innovation and Entrepreneurship, Practices and Principles*, analyzes seven sources of innovation. The first four are opportunities for innovation *within* an industry, and the last three deal with external factors.

1. *Unexpected sussess or failure.* Sometimes unexpected successes go unrecognized because our reporting systems focus on problem areas. Unexpected *failures*, however, rarely go unnoticed. Failure should always be considered a symptom of an innovative opportunity.

2. *Incongruities.* The most common incongruity is between actual and preceived reality. The quality of a product is not what the supplier puts in, but what the consumer gets out of it. A study by L.R. Eriksen on the incongruity in nursing appeared in the July, 1987 issue of *Nursing Management.* Patient satisfaction is based primarily on amount of time spent with them by the nursing staff rather than on the quality of the services performed. Therefore, the values and expectations of nurses are incongruous with the values and expectations of the patient.

3. *Process Need.* This perfects an existing process, replaces a missing link, or redesigns an existing process based on new knowledge. Nurses need to re-define their mission to delivering the best nursing possible with the resources available rather than holding to the unrealistic expectation that each patient should receive an ideal level of care regardless of the resources.

4. *Changes in industry and market structure.* The rapid growth in home care, long-term care, ambulatory care, which are all areas historically the purview of nursing practice, are ripe opportunities for innovation. Another issue facing the nursing profession is "two entry levels." Sally asks, "How can we implement this new structure with the least amount of disruption in the profession, the optimum amount of cooperation and support, being sensitive to real issues that support and discourage its implementation and flexible to change our goals and interventions when we realize they are incongruous with reality?"

5. *Demographics.* This has a major impact on what will be bought, by whom, and in what quantity. The increasing number of older people has had a major impact on demand for services. On the other end of the age-spectrum, a decreasing college-aged population has had a major impact on demand for nursing education.

6. *Perception.* Americans are more concerned with their health and immortality than ever before. As Drucker so aptly puts it, "And yet the nation is gripped by collective hypochondria." Never before has there been so much concern with health and so much fear.

Each time a nurse and patient interact is an opportunity for the nurse to influence the patient's perception about the quality, cost-effective care that is given them. Nurses should take advantage of the fact that patients perceive them as playing a major role in their care. In 1985, *The American Nurse* reported the following results in a survey of 602 adults:

- 92% believe nurses should be allowed to take on more responsibility.
- 80% believed that costs would be lowered if nurses were allowed to perform more services.
- 88% believed nurses to be the best source of home health care.
- 87% believed nurses to be gratified to provide information on nutrition and other health care.
- 85%-96% felt with additional training, nurses could prescribe routine drugs, conduct physical examinations, deliver babies, give psychotherapy.
- 84% were in favor of direct third party reimbursement.
- 68% believed nurses were already prepared to take more responsibility in providing health care than they are currently allowed to do.
- 51% felt that nurses' salaries were too low.

7. *New knowledge.* This is what people think of when they think of innovation. But it does not happen quickly. There is a long time span between the emergence of new knowledge and its becoming applicable to technology. Then another long period before the new technology turns into services, products and processes.

To identify the sources of innovation is the first step. Drucker states that "In order to be effective innovation must be simple and focused. Innovative ideas have to be handled by ordinary human beings. They should not be designed for the future, but for the present. To innovate successfully demands diligence, persistence, and commitment.

Now turning to becoming an entrepreneur. It is a learned behavior. Entrepreneurs are motivated by achievement rather than power or affiliation. People who need certainty are unlikely to become entrepreneurs. The "new" should be seen as an opportunity rather than a threat. Entrepreneurs are the people who will meet criteria for merit raises and promotions, not because they are working for those ends, but because they are always trying to figure out better ways of doing things. Their reward is a sense of satisfaction and a

(continued on page 13)

Award Banquet A Festive Celebration

Sheila Englebardt (left) receives Board Award for outstanding achievement.

The 1987 NCNA Awards Banquet held on October 30 was a celebration of nurses and nursing. NCNA presented six awards to individual nurses for excellence in a variety of nursing practice specialties, an unprecedented number, since this year the association initiated for the first time awards for Psychiatric-Mental Health Nurse of the Year and Nurse Practitioner of the Year.

Clara Milko of Cary received the 1987 NCNA-March of Dimes Nurse of the Year Award for contributions to maternal-child nursing practice. Ms. Milko is a Maternal and Child Health Nurse consultant with the North Carolina Division of Health Services in Raleigh.

Davidson resident Elizabeth Heidenreich received the Association's Medical-Surgical Nurse of the Year Award. She is a Clinical Nurse Specialist at Presbyterian Hospital in Charlotte.

Sharon Sells of Charlotte was the recipient of the NCNA Gerontological Nurse of the Year Award. Ms. Sells is the Director of Nursing at The Methodist Home, Inc., in Charlotte.

Joanne Corson, Raleigh, was the recipient of the NCNA Community Health Nurse of the Year Award. She is a Maternal-Child Division Director at Wake County Health Department in Raleigh.

Elizabeth (Libba) Wells of Hillsborough received the first NCNA Psychiatric-Mental Health Nurse of the Year Award. Libba is a psychotherapist at Hillsborough Psychiatric Associates and Clinical Instructor, UNC-Chapel Hill School of Nursing.

Martha Henderson of Chapel Hill was the recipient of the first NCNA Nurse Practitioner of the Year Award. She is Director of Outpatient Services at Carol Woods Retirement Community in Chapel Hill.

NCNA also recognized co-winners of the annual NCNA-*American Journal of Nursing* Writing Competition. This award went to Deborah K. Betts and Gary D. Crotty, both of Chapel Hill, whose winning paper was on "Response to Illness and Compliance of Long-Term Hemodialysis Patients."

Membership promotion awards were also on the evening's agenda. District 11 (Chatham, Durham, Orange and Person counties) and District 19 (Camden, Perquionans, Pasquotank, Dare, Currituck and Chowan counties) were recognized for their year's history of excelling in membership promotion. Janice Millns of Raleigh received the top award for individual membership recruitment activities.

The NCNA Board of Directors took the opportunity to recognize two individual NCNA members for their significant contributions to the association. Sheila Englebardt and Debbie Craver received NCNA Board of Directors awards for Outstanding Service. Both were cited for their exemplary dedication and commitment to NCNA, its goals and programs.

The festive evening was capped by President-elect Jo Franklin presenting the past president's pin to outgoing President Hettie Garland. President Garland received a standing ovation from a thankful audience for her many contributions during her tenure as NCNA president.

The October 30 Awards Banquet was a fun event filled with celebration of nurses and nursing.

Fund Raising Activities Stir Excitement At Convention

In addition, the PAP Committee awarded a copy of the beautiful book, *Nursing: The Finest Art*, to the person who sold the most tickets. There was no doubt in anyone's mind about who would receive that book. Willie Kennedy, PAP Committee member, won it...hands down! Willie approached countless people, including the entire population of Winston-Salem (we think), extolled the mission of the NCNA Peer Assistance Program and, somehow, managed to open most of their pocketbooks for a contribution. If a hundred dollars was not forthcoming, Willie took what she could get. She is to be applauded, as are *all* ticket sellers and buyers, for their support of this very worthy fund raising effort!

These efforts sent NCNA staff home with plump money bags for healthy deposits to be made the first work day after convention. Nurse PAC sent home $4,372.05 (don't ask where the 5¢ came from). And don't get too excited, that money figure is *before* expenses are paid on the successful October 30th Nurse PAC reception for legislators and Council of State. Nurse PAC members also felt real good about the number of 1988 contributors they signed up during convention.

Nurses register for the Peer Assistance Program raffling of a Mitsubishi truck.

The Peer Assistance Program Committee will realize a *profit* of $6,777.00 on their fund raising activity! The committee and North Carolina Nurses are obviously opening their hearts and their pocketbooks to provide the needed services of the NCNA Peer Assistance Program!

Nurse PAC and the Peer Assistance Program Committee generated a lot of excitement at the 1987 NCNA Convention. Both groups conducted a raffle—the

(continued on next page)

Three Educational Forums Unite

The members of The Associate Degree, Baccalaureate and Higher Degree and Diploma Forums took a major step toward unifying the nursing profession and promoting dialogue between representatives of the three types of educational programs leading to lincensure as a registered nurse, by voting to join forces in one Council on Nursing Education. The three groups met separately in business meetings at the NCNA Convention to elect officers and to vote on a proposal, adopted by the Baccalaureate and Higher Degree Forum at the 1986 Convention, that the three forums form one Council on Nursing Education under the new NCNA structure rather than forming three separate councils.

The 1987-89 biennium will be a transitional one for this Council. Prior to the convention, each of the forums had been granted separate council status by the NCNA Board of Directors.

Therefore, each of the three previously existing forums has elected a five member executive committee which will now combine with the others to form one fifteen member executive committee for the Council on Nursing Education. At the NCNA Leadership Orientation Day on January 8, 1988, this 15 member group will elect its own chair and secretary for the new Council. Representatives to the Executive Committee from the Associate Degree Forum are: Rhonda Ferrell, Warsaw; Shirley Lail, Hickory; Nancy Sumner, Rockingham; Linda Wright, Morganton; and Linda Arrington, Rockingham. The Baccalaureate and Higher Degree Forum will be represented by Diane Fogleman, Hickory; Ann Harley, Fayetteville; Linda Hodges, Kernersville; Sue Head, Charlotte; and Beverly Malone, Greensboro. The Diploma Forum is represented on The Executive Committee by Rosalind McDonald, Kinston; Loletta Faulkenberry, Burlington; Anita Brown, Concord; Linda Ellington, Chapel Hill; and Gail Pruett, Durham.

Each previously existing forum also elected one representative to the Cabinet on Education and Resource Development. Loletta Faulkenberry, Burlington, will represent dipolma education; Rhonda Ferrell, Warsaw, will represent associate degree education; and Diane Fogleman, Hickory, will represent baccalaureate and higher degree education on the new cabinet.

Fund Raising Activities

from page 4

odds of which were pretty good and the stakes high!

Nurse PAC accepted $2 donations which entitled the donor to a chance to win one of several nice prizes. The drawing was held on October 31 during the NCNA House of Delegates. NCNA member Angie Hemingway was the lucky winner of the first prize—Life Contributor Status in Nurse PAC. With this prize, Angie is entitled to her choice of a silver or gold Nurse PAC lapel pin, an engraved Revere Ware bowl and she will receive all Nurse PAC Newsletters *forever!* Second and third prizes were a two night vacation at a 2 bedroom Beech Mountain chalet or condominium unit. Lucky winners of these prizes were Ruth Wiese of Chapel Hill and Maria Wolfe of Boonville. Wil-

(continued on page 18)

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Hettie Garland's Address to the 1987 House of Delegates

In October 1983, several car loads of mountain nurses came to Raleigh from the Land of the Sky. Driving in a blinding rain storm, these nurses were loaded down with coolers, cans of juices and coffee, loads of goodies, apples, ginger cookies, ball point pens, and other paraphernalia. Spearheaded by Mable Carlyle, campaign manager, and Alise Irwin, District 1 president, we all asked for your faith and trust and your vote for me as your president elect and your president. Looking back over the four years, I hope that you feel that your faith and trust has been well placed. As I look back specifically over the past two years in my role as president, I see lots of accomplishments at the district, state, and national levels. I see things that have gone very well and things that I or we could have done differently. I see mistakes that I have made and some things that I wish hadn't happened. The four years have contributed to my personal and professional growth and are years that I will always value. It has been an honor to serve as president of NCNA. I have said or written before about how proud I am of NCNA. I do mean that sincerely. We are well respected and valued at the national level with our sister SNAs. We continue to increase our position of stature and significance in North Carolina. I am constantly amazed and proud of the commitment, energy, expertise, and enthusiasm that you contribute to nursing. We are truly rich in our resources—you—to accomplish our goals and priorities. One of the special benefits of NCNA membership is the special opportunity of associating with nursing colleagues; while elected officers and structural unit appointees come and go with the biennial changes, professional and personal relationships exist forever.

Last year, I provided an interim progress report on our accomplishments in reference to our goals, priorities, resolutions, and motions adopted by the 1985 House of Delegates. These have provided the framework that has guided our activities during the biennium. The book of reports that you received in your registration packets documents the activities and accomplishments of structural units. Rather than use this as a opportunity to summarize those again for you, I would like to provide you with another potpourri of presidential perspectives from an 'about to be has been.' While the biennial goals and priorities are necessarily broad and many of the same are before you for adoption, I believe that we have accomplished the charges that were given to us by the 1985 and 1986 Houses of Delegates. We have not experienced the membership decline that we anticipated with the dues increase. Retention of members is still an issue, and the membership committee has worked hard to approach this concern. The Human Rights Committee developed some special incentives to recruit minority nurses. In late December, the committee mailed a membership recruitment letter and application form to every minority nurse in North Carolina (2456). The applications were coded so that it was possible to determine the number of new members recruited. NCNA gained 28 new members representing 16 districts as a result of this project. This represented a 12% increase in minority membership during 1987. The committee is to be congratulated on this accomplishment, and it is not up to us as the district level to maintain this momentum.

Our financial base has been stabilized, and I believe the Finance Committee has felt the accountability to you in the use of the new dollars as well as in the development of a financial plan. A new budgeting and tracking process is being implemented. While there are still some bugs to be worked out, I believe that the foundation has been laid for a more structured allocation of and accountability for our financial resources.

We have represented nursing and NCNA in the legislative, political, and policy arenas, providing membership on commissions and committees and testimony focused on the delivery of health care services, the critical role of registered nurses in meeting the health care needs of the citizens of North Carolina, and the advancement of our profession.

The process for our accreditation by ANA as a provider and approver of continuing education has been revamped not only to comply with requirements but also to enhance continuing education opportunities for nurses.

Various structural units, including the Board, have developed position papers that have been widely circulated and have guided our activities. Districts have completed special projects that have contributed significantly to the grass roots issues of nursing or health care at the community level. Countless hours have been contributed by each of you. I congratulate you on a job well done.

The 1987 biennium begins the implementation of our new structure. There will be challenges and oppoutunities as cabinets, councils, and other structural units begin defining their activities. Our new structure provides many new opportunities for us, including the Cabinet on Research. Sheila Englebardt has provided leadership for the establishment of a Foundation for Nursing in North Carolina, which enhances our abilities in research as well as provides a wide variety of opportunities for us in advancing nursing in North Carolina. While we all want the problems to be nonexistent and the opportunities unlimited, we must be patient with ourselves and the process as we begin to meet the challenges of the next two years. We will know better this time next year how it will work and what needs to be changed or added.

You are aware that NYSNA and PNA Board of Directors submitted resolutions to their voting bodies to withdraw as constituent members of ANA. The voting body of PNA delayed a decision until 1988, and the voting body of NYSNA also voted to delay a decision until 1988. Specific directives were given to the leadership of NYSNA and to the ANA delegates to work diligently this year to restore the mission, purpose, and goals of ANA.

I hope each of you have read or will go back and read President Styles's president's message in *The American Nurse* July/August and September issues. Her points about the need to 'open our eyes to a new vision of ourselves' applies to NCNA in 'searching for a vehicle for nursing to muster its aggregate strength.'

Dr. Styles's points about the democratic process were specifically in relation to the action of New York and Pennsylvania resolutions but the principles apply to many of our internal and external issues. There has been and always will be richness in our diversity. It's not so much that we disagree but what we do with our disagreements and how we seek resolutions. In 1985, Dr. Cindy Freund introduced us to the term professional solidarity . . . an exquisite state of mind that embodies our profession and all of its goals. Like our society, we are pluralistic . . . but unlike our society, we have not yet achieved that state of mind of citizenship in the society of nursing. We still don't realize that what happens to one nurse happens to us all. We continually shoot ourselves in the foot and throw the baby out with the bath water. When something goes the way that we don't like, we disassociate ourselves with the association or with nursing rather than utilize the democratic process to negotiate our position. We drop out, which accomplishes nothing. When we drop out, we leave in those folks that we felt were on the wrong track so that the rest of us continue on the 'wrong track.' And we do not exercise the rights and privileges of working to change the system or embellish our ideas for the advancement of our profession and the public trust that we hold for quality nursing and health care.

As usual, standardizing nursing education is a prime example of our 'dropping out.' I am proud of the time, thought, hard work, and energy that has been invested in the Steering Committee and its related task forces. Yet, the groups get smaller and smaller, and the work of the whole is left to the small few. It's nice for the small few because we get to do it our way, but we are also wise enough to know that many will disagree and complain about the plan when it is finalized. We also know that many are determined to defeat the issue whenever we begin to implement the plan. As president, I have had a wide variety of contacts, and I am amazed at how many people external to our profession know that we can't get it together. I am convinced that our lack of resolution contributes in an negative way to our professional image and recruitment into the profession.

If you have not shared your ideas of a better way to develop the plan, please do so.

The current and future issues of recruitment, utilization, and retention of qualified nursing manpower are indeed critical. Those of you working in hospitals and some long term care institutions are even more

(continued on next page)

aware than I of the demands and needs in the management of nursing practice and the delivery of patient care. As you know, it is the position of this associaiton that all of the issues are directly related to the quality of the work environment in which nurses practice nursing. We also know that the best recruiter is not the dressed for success person with a briefcase, pens, pads, hand lotion and an exhibit but the satisfied staff nurse who goes home to family, friends, and community. Conversely, those who are burned up or burned out are the worst recruiters for institutions and the profession. The idealism of students turns quickly into cynicism...a survival technique when confronted with the dilemma of what one was taught to do and what the realities of the work setting are.

Many feel that the strategies identified in numerous national and state documents will work as both short term and long term solutions to a complex problem. We need to focus on implementation and evaluation to find the best set of strategies for a particular institution. If nurses aren't available to do the job, someone else will be found, and we may or may not participate in the selection or training of the someone else's.

The committee convened by NCNA in May is a step in the right direction. It is not only right but necessary that NCNA play a leadership role in resolving some of these issues. This is an opportunity for us to capitalize on the opportunities provided by the crises.

Steering committee activities and the nursing manpower issues are most definitely related to each other. Dr. Freund eloquently analyzed both issues in her address to us yesterday; my only comment is 'ditto.' The demands of health care delivery and the public trust that we hold in quality care is escalating every day. Both nursing education and practice must reevaluate goals, priorities, and ways of doing things to meet the demands of the future. When health care institutions experience shortages of qualified nursing manpower, we no longer have to 'sell ourselves; in the critical role that we play in the delivery of care. But we must be ready to meet the challenges of the future that includes a new way of educating students to become thinking nurses and a new way for nursing practice and institutions to utilize thinking nurses to their maximum potential.

Let's focus our energies on constructive problem-solving rather than our ususal patterns of swapping war stories, playing the 'ain't it awful and yes, but' games, and complaining about what is not right. Let's focus on analyzing what's right for nursing, what's right for us who continue to work hard for our profession and patient care, and enhance the 'satisfiers.' Perhaps, this can be a project for the Cabinet on Research.

The liability crisis has touched nursing again...this time in the initial withdrawal and later renegotiation of insurance for nurse practitioners and nurses in indepedent practice. And every nurse has been affected by the changes in premiums and in the establishment of risk categories. We have been forced to educate and reeducate ourselves in tort reform, liability issues, and the details of our insurance policy...areas that we have ignored before. NCNA with Hazel B. Moore's leadership has stayed on top of the issue since last April...another answer to the question of what does NCNA do for me. While we have always been accountable for the public trust for quality care, we are being held accountable in a much different way. An insurance representative was quoted in a newspaper article as stating 'we don't know what these people do (referring to nurse practitioners). If you're the pioneer, you are in trouble.' Since nurse practitioners have been a part of health care since 1965, his comment illustrates that we must be constantly vigilant in educating and demonstrating to the public who we are and what we do. We also need to develop risk management programs specifically for nurses...potentially an objective for the Cabinet on Practice.

I am told that the Chinese characters used to identify crises are the same characters, used in a different combination, to identify opportunity. We exist as people and professionals in a dynamic, challenging, and sometimes scary society. As nurses, we must utilize the crises as an opportunity to evaluate, make changes, and redirect ourselves. Our professional association is the vehicle through which we intervene in the crises and capitalize on the opportunities. Every time members of NCNA meet, nursing history is created. If you've ever wanted an opportunity to carve a niche in this world, NCNA is the way to do it. You create a part of our legacy.

I will conclude the potpourri with a few personal remarks. Joy Reed joined NCNA in the spring of 1986. She has provided expertise in a wide variety of areas and has worked very hard for the ANA accreditation process. She has provided the staff support for the Steering Committee and task force and has been a much needed thread for continuity. She will be leaving us as a staff member at the close of this convention but will continue to share her energy and committment with us as an NCNA member. Thank you, Joy, for who you are and what you do for nursing and NCNA.

Hazel Moore joined NCNA five years ago, assuming primary responsibility for government relations and practice. She has served as our lobbyist and has significantly enhanced our image and stature in the General Assembly. When one legislator was asked his reasons for supporting one of our activities, he said, 'why, because Hazel thought it was a good idea and she's usually not wrong.' Hazel has also served as the interim executive director on three occasions.

Thank you, Hazel, for the time, energy, committment, and expertise that you have invested and for the committment that you will continue to make as an NCNA member... it will be nice for NCNA to be a family affair for you and Frank.

Speaking of family affairs, each of you know that our hard work for NCNA is a family committment. I can't think of a more desirable goal than to retire to home and hearth when my best of all friends and my husband is tending the home fires. His patience with confusing schedules, long days, and sometimes a grumpy partner has been unending. He has kept the old car running and me going on more occasions than I can count. He has embodied the concept of 'being there' to support me in all ways possible. I couldn't have done it without you, Ernie, my friend, auto mechanic, pilot, problem-solver, ex-officio staff member, companion, sounding board and my partner. Thank you for sharing your life with me and for sharing part of you with nursing and NCNA.

As last year, I also say thank you to my colleagues at MAHEC. While I've not always been good about telling you or behaving in a way that tells you how much you mean to me, please accept this public acknowledgement of my thanks and of my personal and professional respect for you.

My personal districts of 23 and 26 have always provided support and encouragement. And district 1...you've reached out to me in very special ways and I've always felt that I could turn to you to get my 'batteries recharged.'

To the board, I again express my appreciation for your committment, patience, and support. And to the executive committee, what in the world would I have done without you. You have been available day and night, at a moment's notice, and at the expense of your family and your work. While dinner at TK's by flashlight was not the way you wanted to spend some of your evenings, you took it all in stride and even made it fun. Thank you.

And to each of you...I say again thanks for all that you do. NCNA would not exist without you.

CALENDAR OF EVENTS

December 24, 25, 1987
Holidays, NCNA Office CLOSED

January 1, 1988
NCNA Office CLOSED

January 6, 1988
Task Force on Nursing Constituencies

January 8
Cabinet and Council Orientation

January 15
Task Force Chairs

January 21
Joint Practice Committee, N.C. Medical Society Building

January 26
Task Force on Scope of Practice

January 29
Task Force on External Constituencies

February 12
Steering Committee

FOCUS on Districts

by Joy Reed

On Wednesday, October 28, the Council of District Presidents held its last meeting at the Adam's Mark Hotel in Charlotte. Under the new structure this group will be superceded by the Constituent Forum which will be composed of the Presidents and Presidents-elect of each of the 34 districts.

At its final meeting as a Council, the group approved a set of "District Operating Guidelines" which will be made available to all districts as "suggested procedures for operating efficiently and effectively to fulfill the purposes and functions of NCNA." These optional guidelines will hopefully be especially helpful to districts seeking to revitalize.

The district presidents also heard results of a survey sent to districts seeking information on health care facilities which do not allow districts to post meeting notices or to use their facilities for meetings, or who discourage employees from belonging to or being active members of NCNA. Although only nine districts returned the survey, six of these reported various forms of such "discrimination." The Board of Directors at its pre-board meeting had established an ad hoc committee to develop or plan for pursuing this issue.

Plans for the 1988 District Leadership Day were also discussed. A decision was made to schedule this for July 22, 1988 in order to facilitate getting information to new officers elected in May with sufficient time for them to make plans to attend. Districts are requested to send new officer lists to NCNA as soon as possible.

As its final order of business, the Council of District President elected officers for the new Constituent Forum. Joanne Beckman, District 11, will serve as a two-year term Chairman and will serve on the Board of Directors of NCNA. Dona Caine, District 12, was elected to a one year term as Vice-Chairman. Bette Ferre, District 9, will be secretary, also a one year term. Betty Godwin, District 22, was elected to a two-year term as the Constituent Forum's representative to the Cabinet on Constituent Associations.

The Dr. Cynthia Freund lecture will be reprinted in its entirety in the January/February issue of the Tar Heel Nurse.

Help Arrives!

On Monday, November 9th, two new people joined the staff of NCNA to take up, in part, the duties formerly performed by Joy Reed and Hazel Browning Moore who resigned from their positions on October 31 and November 6, respectively.

SINDY BARKER, who holds a bachelor's degree in political science from the University of Tennessee, joins the staff of NCNA armed with a variety of experiences in governmental relations, fund raising, writing and speaking and developing volunteers. Sindy has previously worked as an administrative assistant for Sales and Marketing Executives and as project director for the Bioethics Committee of the Tennessee Committee for the Humanities, both in Knoxville. Sindy will be a staff specialist and will provide support to the Cabinet on Government and Health Policy and the Cabinet on Professional and Economic Development and will coordinate major workshops.

JANICE MILLNS, who received her bachelor and master of science degrees from East Carolina University, joins the NCNA staff as an assistant executive director. Janice, who has had a variety of experiences both as faculty and practitioner in the Triangle area, will be providing staff support to the Cabinet on Marketing and the Cabinet on Constituent Associations. Janice will also help with the Constituent Forum and the Peer Assistance Program Committee.

Janice has been active in District 13 and recently received the NCNA award for individual membership recruitment.

1988 Convention

American Nurses' Association

June 11-15 / Louisville, Kentucky

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AIR FORCE

Actions of 1987 House of Delegates

1987-89 Goals and Priorities

Purposes

A. The purposes of NCNA shall be to:
   1. work for the improvement of health standards and the availability of health care services for all people in North Carolina, and
   2. foster high standards of nursing, and
   3. stimulate and promote the professional development of nurses and advance their economic and general welfare.

B. These purposes shall be unrestricted by consideration of nationality, race, creed, religion, lifestyle, color, sex or age.

Goals and Priorities

A. To increase the membership of NCNA.
B. To participate in establishing health policy that improves the standards and availability of health care services.
C. To encourage activities which lead to a sufficient number of adequately prepared nurses to meet the health care needs of the North Carolina citizens.
D. To promote a strong cohesive network of informed members who participate in the work of NCNA.
E. To enhance the advancement of the professional and economic status of nurses commensurate with their professional responsibilities.
F. To support nurses in addressing issues of nursing practice which affect the health of the public.
G. To facilitate progression toward two levels of entry into nursing practice.

1987-1989 Legislative Platform

The North Carolina Nurses Association endorses legislation and regulatory authority to:

- Protect the public through maintenance of a strong Nursing Practice Act and through authority for the Board of Nursing to regulate the practice of nursing and all of its specialties and to set standards for nursing education programs.
- Protect the rights of patients and their families to safe, affordable, and accessible health care.
- Allow consumers direct access to the qualified health care provider of their choice by removing barriers restricting consumer choice.
- Provide for adequate health care to populations with recognized special needs, such as the growing number of older citizens.
- Protect the right of citizens to a safe, healthy environment.
- Improve the work environment, the economic base, and the professional and legal status of nurses.
- Strengthen opportunities for individuals to achieve the educational preparation essential for competent nursing practice.
- Provide expertise on health care issues by inclusion of qualified registered nurses on advisory and policy-making bodies.

Resolutions Adopted

Liability Insurance Crisis

WHEREAS, The Chicago Insurance Company, underwriter for the liability insurance programs of the American Nurses' Association, the North Carolina Nurses Association, and other nurses' organizations, announced in April 1987 that it was no longer accepting new applicants desiring coverage as nurse practitioners and that those currently insured would have their coverage extended for only one more year at an annual premium of $1500 (2500% increase); and

WHEREAS, Other nurses, previously insured through this company, may still maintain coverage but the premiums, based on their areas of practice, would change from the current $58 per year to a range of $79 to $583 per year; and

WHEREAS, Nurses in other advanced specialities, not insured by this company, such as anesthesia and midwifery, have experienced and continue to experience difficulty with availability and affordability of liability insurance; and

WHEREAS, Other changes in liability coverage for nurses include reductions in the dollar amounts of coverage and the elimination of personal liability; and

WHEREAS, No claims data has been provided to nurses or their respective organizations by the insurance industry to substantiate these sweeping changes in liability coverage and rates; and

WHEREAS, The availability of liability insurance for all health care providers is a crucial element of their practice in today's litigious society and may be a requirement for practice privileges; and

WHEREAS, No industry should be permitted to take actions which may adversely affect the health of the nation's citizens and, further, to not be accountable for those actions, and

WHEREAS, Such policy changes by an insurance carrier can be interpreted as an attempt to limit the practice of nurses, thereby constituting a threat to the free enterprise system; therefore, be it

RESOLVED, That NCNA continue its negotiations with the North Carolina Commissioner of Insurance to identify strategies to address this problem in North Carolina; and be it further

RESOLVED, That NCNA continue to communicate its concern about this issue to the ANA, and encourage ANA to continue its investigation of specific actions to be taken, including the feasibility of a captive insurance company; and be it further

RESOLVED, That NCNA encourage and support ANA efforts and active lobbying for repeal of the antitrust immunity currently afforded the insurance industry that allows it to operate outside the view of government and affected parties; and be it further

RESOLVED, That NCNA encourage all members, and that members be encouraged to inform their colleagues, to writ their U.S. Representatives and Senators expressing their views and concerns regarding this issue, and asking their support for legislation to repeal the federal antitrust exemption for the insurance industry under the McCarren-Ferguson Act (S. 1299; H.R. as yet unnumbered); and be it further

RESOLVED, That NCNA support equal consideration for nurses in all areas of practice with regard to legislation and regulation to make liability insurance more available and affordable for health care professionals.

Enrollment in North Carolina Schools of Nursing

WHEREAS, there is a marked decline in the number of applicants seeking admission to programs leading to professional careers; and

WHEREAS, the National League for Nursing reports a decrease of 26.7% in new applicants to all schools of nursing between 1982 and 1985; and

WHEREAS, a shortage of practicing professional nurses is predicted nationally for the 1990s; therefore, be it

RESOLVED, that NCNA collaborate with the Board of Nursing and schools of nursing to monitor and analyze enrollment trends in schools of nursing in North Carolina and inform members of NCNA and the general public about the impact of these trends on health care in North Carolina; and be it further

RESOLVED, that NCNA access available resources and liaison opportunities to encourage an organized and coordi-

nated effort toward recruitment into the nursing profession.

The Registered Nurse as a Professional

WHEREAS, there is increased recognition of problems related to both declining enrollment in schools of nursing in North Carolina and retention of nurses in the workplace; and

WHEREAS, erroneous and inappropriate perceptions of nurses and nursing can be a deterrent to professional recruitment and retention efforts; and

WHEREAS, individual nurses, through their exemplary professional behavior in practice can promote a positive and attractive nursing image; and

WHEREAS, one of the functions of the professional nursing association is to promote and support the advancement of the profession; therefore, be it

RESOLVED, that NCNA and its constituent associations increase efforts to actively promote nursing as a rewarding professional career; and be it further

RESOLVED, that NCNA and its constituent associations assist professional nurses to increase their awareness and practice of personal characteristics and behav- ior that promote professional growth and career development; and be it further

RESOLVED, that NCNA and its constituent associations provide opportunities for public recognition of individual nurses who through exemplary professional behavior promote a positive and attractive nursing image.

Health and Safety in the Workplace

WHEREAS, Nurses have and continue to provide high quality, humanistic, equitable and confidential care to all people in need of nursing services regardless of severity of illness and without discrimination; and

WHEREAS, Nurses are the largest group of health care workers in both institutional and community settings and are routinely exposed to chemical, physical, and biological/infectious substances; and

WHEREAS, Concern exists regarding exposures of health care workers to toxic substances, such as, anesthetic gases, antineoplastic agents and radiation, and to infectious diseases, such as AIDS, and

WHEREAS, Studies have documented acute and chronic illness, mutagenic, tetragenic and carcinogenic effects associated with toxic substance and infectious agent exposure; therefore, be it

RESOLVED, That the North Carolina Nurses Association encourage all health care agencies to be cognizant of workplace health hazards and provide appropriate information and education for health care workers with respect to prevention and risk reduction associated with these hazards, such as, appropriate utilization of protective equipment; and be it further

RESOLVED, That NCNA support projects for education, training and research concerning health hazards in the workplace and high risk behavior, and be it further

RESOLVED, That NCNA urge health care workers to become familiar with and implement CDC Recommendations for Preventing Transmission of HIV infection in the workplace (and other CDC/OSHA/NIOSH guidelines for specific substance exposure).

Constituent Association Political Activity

WHEREAS, NCNA's success in the legislative arena has been and will continue to be dependent on the composition of the North Carolina General Assembly; and

WHEREAS, legislators who are familiar with issues important to nurses are more likely to be supportive of nursing's positions; and

WHEREAS, nurses need to assume an active role in health policy development as elected officials; and

WHEREAS, emergent issues make it more important than ever that nurses elect nurses or other candidates who have demonstrated or seem willing to demonstrate support of nursing and health policy agendas; and

WHEREAS, one of the most effective times for nurses to gain visibility and credibility with elected officials is during their election campaigns; and

WHEREAS, this type of political activity necessarily takes place at the local level; therefore, be it

RESOLVED, that NCNA constituent associations develop strategies to become actively and visibly involved in 1988 and future political campaigns; and, be it further

RESOLVED, that NCNA constituent associations participate in political education of nurses; and, be it further

RESOLVED, that NCNA members begin identifying and encouraging politically knowledgeable nurses in North Carolina to run for elective office at the local and state level.

Motions Adopted by House of Delegates

- that "cost to implement" statements attached to resolutions be non-binding to the Board of Directors.
- that the Board of Directors, through the "personal board member" mechanism and the ANA delegates be available to present to all districts at district meetings, concise and consistent information about membership options.
- that the Board of Directors be encouraged to develop a reporting mechanism to the House of Delegates that relates activities to NCNA goals and priorities and includes financial resources allocated to such goals and activities.
- that NCNA actively seek to decrease the infant mortality rate in North Carolina, which is presently 46th in the nation, including directing the Council of Maternal/Child Health Nursing to develop recommendations to alleviate the known causative factors of infant mortality and to work through the Cabinet on Government and Health Policy to submit these recommendations to the appropriate legislative health committees in the House and Senate.
- that the Board of Directors hold a meeting of the Cabinet on Constituent Associations and the Constituent Forum and the ANA delegates to establish a direction for the ANA delegation from NCNA prior to the (1988) ANA convention.

NCNA Officers 1987-89

Board of Directors

President
Jo Franklin, Route 8, Box 376-B, Salisbury 28144

President-Elect
Gale Johnston, 3109-D Aileen Drive, Raleigh, 27606

Vice-President
Wanda Boyette, Route 6, Box 552, Clinton 28328

Secretary
Marlene Howlett, % New Hanover Memorial Hospital, 2131 South 17th Street, P.O. Box 9000, Wilmington 28402-9000

Treasurer
Patti Fralix, % Rex Hospital, 4420 Lake Boone Trail, Raleigh 27607

Directors
Davy Crockett, Chair, Cabinet on Constituent Associations, 453 Valleymeade Drive, Kernersville 27284
Linda Wright, Chair, Cabinet on Education and Resource Development, 103 Brown Avenue, Morganton 28655
Terri Lawler, Chair, Cabinet on Government and Health Policy, 109 Cheshire Drive, Greenville 27858
Deborah Hutchinson, Chair, Cabinet on Marketing, 821-A North Buchanan Boulevard, Durham 27701

Martha Henderson, Chair, Cabinet on Practice, Carol Woods, P.O. Box 2121, Chapel Hill 27514
Rachel Stevens, Chair, Cabinet on Professional and Economic Development 222 Ranson Street, Chpel Hill 27514
Mary Lou Moore, Chair, Cabinet on Research, 701 Austin Lane, Winston-Salem, 27106

Directors-At-Large

Joan Bounds, 1800 Stage Road, Durham 27703 (term expires 1989)
Sandra Randleman, 965 Dawnlea Drive, Lewisville 27023 (term expires 1989)

Representative of Constituent Forum

Joanne Beckman, 3724 Suffolk Street, Durham 27707 (term expires 1989)

ANA Delegates

Jo Franklin, Route 8, Box 376-B, Salisbury 28144
Carolyn Billings, 3410 Hillsborough Street, Raleigh 27607
Wanda Boyette, Routh 6, Box 552, Clinton 28328
Sheila Cromer, Routh 4, Box 362, Thomasville 27360
Sheila Englebardt, 818 Walker Avenue, Greensboro 27403
Bette Ferree, 3708 Northshore Drive, High Point 27260
Hettie Garland, 22 Woodbury Road, Asheville 28804
Gale Johnston, 3109-D Aileen Drive, Raleigh 27606
Beverly Malone, N.C. A&T State University, 314 Dudley Street, Greensboro 27410
Gwendolyn Waddell, 2110 North Lake Shore Drive, Chapel Hill 27514

Alternates

Charlotte Hoelzel,* 29 Partridge Road, Wilminton 28403
Virginia Adams, 3825 Hartford Street, Winston-Salem 27106
Edward (Mac) Stroupe, 518 North Mendenhall Street, Greensboro 27401
Sheila Arrington, Route 1, Box 1-8A, Germanton 27019
Rachel Funderburk, Route 10, Box 386, Morganton 28655
Jean Gosnell, Route 1, Box 870, Lexington 27292
Johnea Kelly, 1708 Roxboro Road, Durham 27701
Olivia Street, 1530 Cross Link Road, Raleigh 27610
Janice Young, 430 Creekway Drive, Winston-Salem 27104

Nominating Committee

Wanda Boyette, Route 6, Box 552, Clinton 28328
Sister Edna English, 303 Oak Street, Greenville 27858
Carol Koontz, Route 11, Box 189, Morganton 28655
Jane Ray, 7820-F Featherstone Drive, Raleigh 27615
Judy Seamon, P.O. Box 3486, Morehead City 28557

Council Executive Committees

Council on Diploma Education

Chairman—Rosalind McDonald, 402 East Blount Street, Kinston 28501
Vice-Chairman—Loletta Faulkenberry, 3414 Longview Drive, Burlington 27215
Secretary—Anita Brown, 6103 Zion Church Road, Concord 28025
Members at Large:
Linda Ellionton, Box 46, Polks Landing, Chapel Hill 27514
Gail Pruett, 3201 Wake Forest Highway, Durham 27703
Cabinet Representative—Loletta Faulkenberry, 3414 Longview Drive, Burlington 27215

Council of Baccalaureate and Higher Degree Education

Chairman—Diane Fogleman, 1133 8th Stret NE, Hiclory 28601
Vice-Chairman—Ann Harley, 6719 Bluffview Drive, Fayetteville 28304
Secretary—Linda Hodges, 451 Windsor Park Road, Kernersville 27284
Members at Large:
Sue Head, 1416 Scotland Avenue, Charlotte 28207
Beverly Malone, 906 Monticello Street, Greensboro 27410
Cabinet Representative—Diane Fogleman, 1133 8th Street, NE, Hickory 28601

Council of Associate Degree Nursing

Chairman—Rhonda Ferrell, 509 East College Street, Warsaw 28398
Vice-Chairman—Shirley Lail, Route 7, Box 737, Hickory 28601
Secretary—Nancy Sumner, Route 4, Box 264-BB, Rockingham 28379
Members at Large:
Linda Wright, 103 Brown Avenue, Morganton 28655
Linda Arrington, 106 Dixie Trail, Hamlet 28345
Cabinet Representative—Rhonda Ferrell, 509 East College Street, Warsaw 28398

Countinuing Education Council

Chairman—Margaret Bye, % Wake AHEC, 3000 New Bern Avenue, Raleigh 27610
Vice-Chairman—Carolyn Henderson, 200 Woodcroft Pkwy. 62-B, Durham 27713
Secretary—Virginia Tate, Route 1, Box 233-C, Climax 27233
Members at Large:
Debbie Moore, 3954 Haithcock Road, Raleigh 27604
Jan Johnson, Route 6, Box 106, Zebulon 27597
Cabinet Representative—Robin Webb Corbett, Route 1, Box 210 Macclesfield 27852

Community Health Council

Chairman—Bette Ferree, 3708 Northshore Drive, High Point 27260
Vice-Chairman—Janet Wolfe, 103 Mantle Court, Raleigh 27607
Secretary—Donna White, 1330 West Main Street, Clayton 27520
Members at Large:
Miriam Quick, 703 West Third Street, Ayden 28513
Rachel Stevens, 222 Ransom Street, Chapel Hill 27514
Cabinet Representative—Shirley Mozingo, Route 4, Box 34, Selma 27576

Maternal-Child Health Council

Chairman—Judy Barnes, 2709 Hodges Road, Kinston 28501
Vice-Chairman—Martha Eakes, 5809 Cardinal Way, Greensboro 27410
Secretary—Sister Edna English, 303 Oak Street, Greenville 27858
Members at Large:
Cynthia Luke, 317 Nottingham, Wilmington 28403
Debra Barnett, 3411 Barnett Lane, Kinston 28501
Cabinet Representative—Judy Barnes, 2709 Hodges Road, Kinston 28501

Council of Primary Care Nurse Practitioners

Chairman—Janet Wolfe, 103 Mantle Court, Raleigh 27607
Vice-Chairman—Jimmie Butts, 6801 Phillips Court, Raleigh 27607
Secretary—Julie Mead Bogguss, 4016 Tipperary Place, Charlotte 28215
Members at Large:
Amanda Greene, P.O. Box 574, Carrboro 27510
Joyce Nixon, 539 Jasin Drive, Gastonia 28054
Cabinet Representative—Ron Jandebeur, 8405 Herb House Court, Charlotte 28212

Psychiatric-Mental Health Council

Chairman—Wanda Waiters, 1603-16 Forest Road, Durham 27705
Vice-Chairman—Dorothy Honeycutt, 5937 Carmel Lane, Raleigh 27609
Secretary—Mary Langston, Route 5, Box 254, Goldsboro 27530
Members at Large:
Rosemary Strickland, 1508 Imperial Drive, Durham 27712
Nancy Quinn, 631 Westbrook Drive, Burlington 27215
Cabinet Representative—Wanda Waiters, 1603-16 Forest Road, Durham 27705

Council on Medical-Surgical Nursing

Chairman—Phillis Duhan, 1517 Victory Street, Greensboro 27407
Vice-Chairman—Sheila Bryson, 3405 Terry Lane, Greensboro 27405
Secretary—OLivia Street, 1530 Cross Link Road, Raleigh 27610
Members at Large:
Theresa Tranbarger, 4805 West Friendly Ave., Greensboro 27410
Vercis Eller, 4612 Greenbrier Road, Raleigh 27603
Cabinet Representative—Frances Eason, Route 1, Box 269, Rocky Mount 27803

Council of Psychiatric-Mental Health Nurses in Advanced Practice

Chairman—Carolyn Billings, 3410 Hillsborough Street, Raleigh 27607
Vice-Chairman—Daniel Longenecker, 1130 Westridge Road, Greensboro, 27410
Secretary—Deborah Reed, 217 Argonne Drive, Durham 27704
Members at Large:
Dona Caine, Seven Lakes, Box 931, West End 27376
Linda Ingram, 124 Bayleaf Drive, Raleigh 27615
Cabinet Representative—Carolyn Billings, 3410 Hillsborough Street, Raleigh 27607

Council on Gerontological Nursing

Chairman—Martha Hanson, 9005-A Nolley Court, Matthews 28105
Vice-Chairman—Linda Howard, 1407 Buttle Creek Drive, Matthews 28105
Secretary—Donna House, 730 South Bass Drive, Nashville 27856
Members at Large:
Mary McIntyre, 401 East Church Street, Nashville 27856
Kathleen Siegle, 849 Kenwick Drive, Winston-Salem 27106
Cabinet Representative—Betty Mauney, 5944 Kinghurst Drive, Charlotte 28212

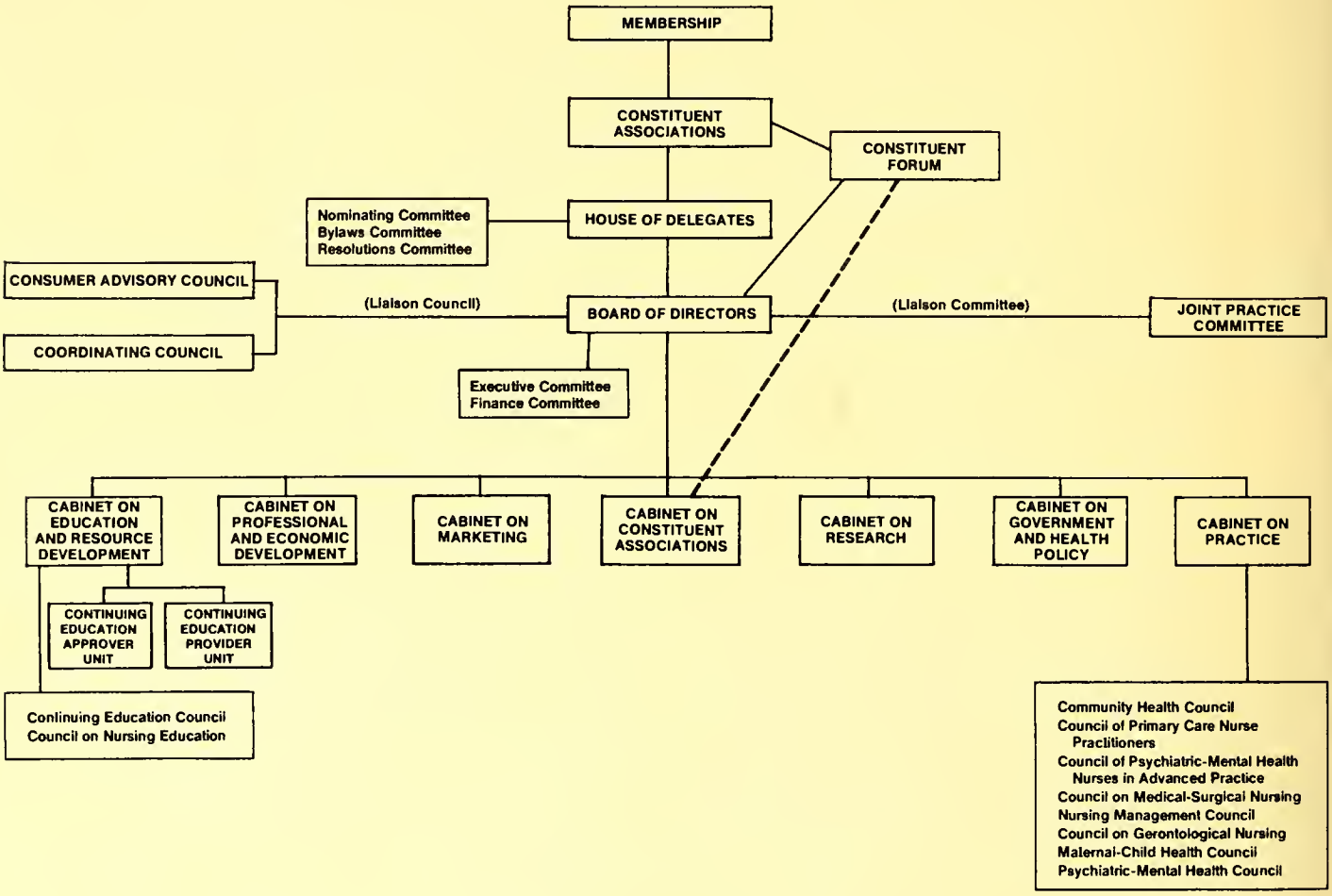
Nursing Mangement Council

Chairman—Betsey Snow, 216 Forest Hills Road, Wilson 27893
Vice-Chairman—Nancy Lloyd, 5610-101 Country Club Drive, Greensboro 27406
Secretary—Claire Bingaman, 5708 Oak Tree Raod, Greensboro 27405
Members at Large:
Jean Gosnell, Route 1, Box 870, Lexington 27292
Margaret Whittington, Route 1, Box 334-K, Youngsville 27596
Cabinet Representative—Kathy Ellis, 48 Brandy Court, Greensboro 27409

Constituent Forum

Chairman—Jaonne Beckman, 3724 Suffolk Street, Durham 27707
Vice-Chairman—Dona Caine, Seven Lakes, Box 931, West End 27376
Secretary—Bette Ferree, 3708 Northshore Drive, High Point 27260
Cabinet Representative—Betty Godwin, 5117 Clear Run Dr., Wilmington 28403

NCNA Organizational Chart



Effective date October 31, 1987

NCNA Develops Position Statement

In 1986 during the House of Delegates a resolution on Drinking and Driving produced lengthy debate and led to caucuses into the early morning hours. As a result of those caucuses, a main motion barring NCNA from spending dues monies for alcoholic beverages was passed by the House. A second motion to refer the other aspects of this issue to the Commission on Health Affairs was also passed.

As a result, the Commission on Health Affairs, after consultation with members of District 9, which introduced the original resolution, District 11 and representatives of the Peer Assistance Program Committee of NCNA, decided that development of a position statement addressing the broader issues of substance abuse was appropriate. This position statement (see facing page) was approved by the NCNA Board of Directors at its September meeting.

Position Statement on Substance Abuse

Current data indicate that substance abuse is a growing national problem which pervades all walks of life, all age groups, all geographic boundaries and all employment areas. The results of this problem can be seen by the breakdown of the family structure, increase in crime, lessened productivity in the workplace, other related illnesses and escalating costs to the public. The entire fabric of our society is being undermined by the scope and nature of substance abuse. NCNA as the professional nursing organization feels this is a serious public health problem as well as a social problem.

Since the nurse is often the first and most frequent health care provider to interact with individuals experiencing these problems, NCNA is committed to encourage:

- basic nursing education to emphasize the magnitude of the problem especially the physical, psychological, social, legal and ethical dimensions. In addition, assessment skills and therapeutic approaches specific to substance abuse should be incorporated in the curricula.
- health care providers to have a responsibility to themselves and their clients to maintain a current awareness of substance abuse through continuing education.
- increased collaboration with consumer and other groups who share similar concerns,
- health care providers to serve as advocates for clients and families in negotiating the complexities of the health care system.
- utilization of nurses as providers of therapeutic interventions to clients impaired by substance abuse.
- primary prevention through individual and family health teaching or counseling by nurses in a variety of practice settings such as schools, occupational sites, homes, hospitals, and ambulatory care clinics.
- seeking an appropriate level of funding for prevention, treatment and rehabilitation of individuals with these problems through lobbying and political action efforts.
- promoting public awareness of substance abuse, particularly signs and symptoms of the problem and, available treatment and proper methods of referral.
- intra-professional monitoring of health care providers by peer and/or employee assistance programs within health care provider organizations and agencies to care for affected caregivers (such as NCNA's Peer Assistance Program.)
- accountability within professional groups related to the discipline of their members who are substance abusers.

*For the purpose of this statement *Substance Abuse* is defined as the excessive use of legal, illegal, prescription, and non-prescription drugs or alcohol which cause social dysfunction and mental and physical impairment.

Changing the Future of Health Care

from page 3

feeling of accomplishment.

The primary characteristic of an entrepreneur is self-confidence. They will find a way to make it work. They are persistent, optimistic, and resourceful. "No" means "noglse," and "moglse" means "yes." They are not afraid to trust their own judgement and follow their own convictions. They enjoy autonomy because of their approach to decision making and puzzle-solving despite constraints and rules.

To survive, health care organizations, nursing associations, and indeed each nurse as an individual must become what Robert Waterman, *In Search of Excellence*, calls "Renewers." "As we look at his eight themes, ask if your organization, NCNA, and yourself are Renewers or what would it be like if we became Renewers?"

1. *Informed opportunism.* Because Renewers understand uncertainty, they set direction, not detailed strategy. Following the true strategic path of a Renewer is like watching a butterfly winging its way through a meadow.

2. *Direction and Enpowerment.* Renewers treat everyone as a source of creative input. All renewing organizations take out layers of management, cutting staff, and pushing decisions down. Leaner organizations set the stage for renewal because they enpower the individual.

3. *Friendly facts, congenial controls.* Renewers have facts, comparisons, rankings—anything that removes decision-making from the realm of mere opinion. They maintain tight financial control. But these controls don't strangle or choke, but reflect the realities of running an organization.

4. *A different mirror.* Renewers look for those things that tell them the world has changed and that they aren't quite as beautiful as they thought. They listen.

5. *Teamwork, trust, politics, and power.* Few things get done without a power base,

(continued on page 18)

News Briefs

☐ The University of North Carolina at Chapel Hill School of Nursing in conjunction with NCNA and the N.C. Area Education Center Nurse Council will present a conference on the nursing shortage and declining enrollment in schools of nursing on March 7-8 in Chapel Hill. The conference structure will be a forum to propose ways to reform nursing education; attract and retain nurses; persuade politicians and educators of the need for long-term health policy planning; and raise additional funds for education, practice and research. Dr. Margaretta M. Styles will deliver the keynote address, with guest speakers including Dr. Katherine W. Vesal and Dr. Hurdis Griffith. For more information call (919) 966-3638.

☐ The thirteenth Annual March of Dimes Perinatal Nursing Conference will be held on March 10-11 at the Fairmont Hotel in Chicago. The theme will be "Are Changing Lifestyles and Expectations Changing Delivery of Health Care." CEAU for 12 contact hours has been approved by ANA. The conference fee is $140 per person, $75 for students. For more information, contact Pamela Ippoliti, Conference Coordinator, March of Dimes, One North Dearborn #1008, Chicago, Illinois 60602, (312) 407-4007.

☐ Congratulations to our country's oldest student-run community clinic located in Carrboro's Carr Mill Mall. The clinic, sponsored by the University of North Carolina at Chapel Hill, and staffed by volunteers from all disciplines fo the health sciences, including nursing, medicine, pharmacy, denistry and public health, is celebrating its 20th anniversary.

☐ *The Care of Clients with Addictions: Dimensions of Nursing Practice,* (Pub. No. PMH-9) is now available for $10.00 from ANA, Publications Orders, 2420 Pershing Road, Kansas City, MO 64108.

☐ AJN Company has the following new videos available: "Orthopedic Assessment;" "Total Knee Replacement' Kickback to Motion;" "The New Hip Generation: Total Hip Replacement;" "Traction: Checks and Balances;" "Nursing Care of Patients with Casts;" and "Mechanical Ventilation." To rent or purchase contact AJN Company, 1-800-223-2282.

☐ *Conceptual Issues in Health Promotion* is now available from Signa Theta Tau International, 1200 Water Way Blvd., Indianapolis, IN 46202 for $12.50.

☐ "Psychosocial Intervention in AIDS," "Overcoming Irratuibak Fear of AIDS" and "An Institutional Response to AIDS" are new videos available for rent or purchase from Carle Medical Communications, 510 West Main Street, Urbana, IL 61801.

Actions of the Board

Actions taken at the October 27, 1987 meeting of the Board of Directors are as follows:

☐ Referred the papers, "A Guide for Developing Organ Procurement Protocols" and "Quantiative Nurse Staffing Standards," back to the Cabinet on Practice for revision and clarification.

☐ Endorsed a UNC-CH sponsored continuing education program on nursing shortage and declining enrollment.

☐ Decided not to develop a protest of assignment form, but to: 1) recommend to the North Carolina Organization of Nurse Executives that a form be developed for institutional use to document incidents of inappropriate patient assignments and 2) to ask the North Carolina Board of Nursing to conduct a survey of nurses to determine the extent of inappropriate patient assignment incidents.

☐ Approved NCNA Personnel Policies pending revision of the policy on compensatory time for nonexenpt staff.

☐ Appointed the initial Board of Directors for the Foundation for Nursing in North Carolina.

☐ Directed the President and the chairs of the Cabinet on Constituent Associations and Cabinet on Professional and Economic Development to pursue an issue with Albemarle Hospital, related to district nurses association meeting space.

☐ Suggested Beverly Malone as a nominee for Director on the ANA Board of Directors.

☐ Nominated Peggy Johnson-Saylor for appointment to the ANA Adult Nurse Practitioner Committee of examiners.

☐ Made appointments to the joint Practice Committee of the North Carolina Medical Society and the North Carolina Association of Public Health Administrators' Committee on Practice and Education.

☐ Approved an application form for NCNA council affiliation.

☐ Reviewed requirements in current job descriptions and approved salary ranges for professional staff.

NURSES

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in Health Care!

NCLEX-RN Results

The North Carolina Board of Nursing has released the results of the NCLEX-RN for first time writers in July, 1987. A total of 1616 graduates took the examination, with 1285 or 86% passing. The test plan for NCLEX-RN is based on two major deminsinons: nursing behaviors (assessing, analyzing, planning, implementing and evaluating) and locus of decision making regarding health requirements (nurse-centered decision making, client-nurse shared decision making, and client-centered decision making.) In addition, educational programs receive performance summaries for their graduates utilizing eight categories of human functioning (protective; sensory-perceptual; comfort, rest, activity and mobility; nutrition; growth and development; fluid-gas transport; psychosocial-cultural, and elimination).

Among graduates of associate degree programs, 717 or 824 first time writers (87%) passed the examination. Twelve of the 37 associate degree programs had a 100% passing rate. Among graduates of baccalaureate programs, 384 or 471 (81%) first time writers passed the test, with 4 of 12 schools having a 100% passing rate. One hundred seventeen of 126 (92%) diploma graduates who were first time writers passed the examination. One of the five diploma programs had a 100% passing rate: Mercy School of Nursing, Charlotte.

North Carolina Nurses Association Application for Council Affiliation

Each member of NCNA may affiliate with one or more councils provided that council eligibility requirements (listed below) are met.

Council	Eligibility Requirements
1. Council on Medical-Surgical Nursing	1. Interest in medical-surgical nursing and/or practitioner or teacher of medical-surgical nursing
2. Maternal-Child Health Council	2. Interest in maternal-child health nursing
3. Council on Gerontological Nursing	3. Interest in gerontological nursing
4. Community Health Council	4. Employment in a specialized community health area such as public health, school health, occupational health, clinic or office
5. Council on Psychiatric-Mental Health Nurses in Advanced Practice	5. Master's or higher degree in psychiatric-mental nursing or related field; and current practice or interest in psychiatric-mental health nursing
6. Council of Primary Care Nurse Practioners	6. Approved by North Carolina Joint Subcommittee to perform medical acts, or graduate of, student in, or teaching in, a formal, organized nurse practitioner educational program
7. Psychiatric-Mental Health Council	7. Interest or work experience in psychiatric-mental health nursing
8. Nursing Management Council	8. Supervisor of other nurses in the delivery of health care
9. Council on Nursing Education	9. Interest in associate degree, diploma, or baccalaureate and higher degree nursing
10. Countinuing Education Council	10. Involvement in providing continuing education activities

NCNA members who wish to apply for council affiliation should return a completed application to: North Carolina Nurses Association, P.O. Box 12025, Raleigh, NC 27605

I wish to apply for affiliation with _____ Date: _____

Name: _____ NCNA District: _____

Address: _____ ANA Council Member: Yes _____ No _____

_____

Telephone (h) _____ (w) _____

I meet the eligibility requirements for this Council because:

1. _____
2. _____
3. _____

FOR INTERNAL USE ONLY

NCNA membership verified Yes _____ No _____

Eligibility requirements met Yes _____ No _____

Date of initial affiliation _____

Willie Kennedy standing firm as truck raffle sells

And as with every convention beginning...there is registration.

Candidates for NCNA office mix business with pleasure.

Thumbs up on parliamentary procedure.

1987 Convention
"The Business of Nursing is...Changing."

Candidate Cromer's choice is obvious.

Nancy Sumner presents "Facts on Entry" in her turn of the century nursing dress.

Hettie Garland receives past president pin from president-to-be Jo Franklin.

Balloon bouquet for Executive Director Clare LaBar.

Members of the new Board stand ready for 87-89 action.

District 30 caucauses over critical issues on last day of the House.

Outgoing staffer Joy Reed shares in applause at Cynthia Freund's luncheon session.

The President's final House of Delegate session.

All smiles, Hazel makes her exit with new husband, Mr. Moore.

Hettie's husband passes dead rose onto his successor, Dick Franklin.

Fund Raising Activities

from page 5

son resident Bill Stewart's ticket was drawn on the fourth round and Bill will spend a vacation weekend in beautiful Montreat, a prize donated by Nurse PAC committee member Ed Kirkpatrick. Piedmont Airlines also supported this fund raising activity by donating three attractive flight bags. Ticket drawings made flight bag winners of Nancy Stephenson of Beaufort, Nancy Langston of Charlotte, and Vercie Eller of Raleigh.

Prior to and during convention Peer Assistance Program (PAP) Committee members hawked $100 tickets entitling the purchaser to a one in three hundred chance to win a 1988 Mighty Max Mitsubishi truck. The committee developed creative selling strategies...encouraging those who couldn't part with $100 to purchase a portion of a chance on the truck. Many "group" tickets were sold—some with as many as ten potential winners since as many as ten individuals contributed $10 each to the purchase of the ticket.

Suspense was high as Barbara Bennett, PAP chairman, approached the podium on Saturday morning to conduct the drawing. A hush fell over the audience. When the winning ticket came up out of the drawing box it had so many names on it that it was rather difficult to read. Seven NCNA members had pooled their monies to purchase ticket #247. The winners and co-owners of a 1988 Mighty Max Mitsubishi truck are Bettie Gray, Olivia Street, Earline Faulk, Betsy Meadows, Jackie Pruett, Harriett Taylor and Willie Kennedy. Congratulations!

Changing the Future

from page 13

which is why many of the best managers are closet politicians. One of their most effective tools is persuasion. They use persuasion to emphasize teamwork.

6. *Stability in motion.* Renewers keep the organization fluid. People move frequently and with greater degrees of freedom across functions and divisions. They move laterally. They look for the best qualified people, maintain very high performance, and hold a very large safety net under them.

7. *Attitudes and attention.* Renewers understand that workers who get attention are more productive. They expect workers to do a good job and they do.

8. *Causes and commitment.* Renewers run on causes, and quality is the most prevalent cause. They pick causes and communicate them in a way that conveys challenges. They have a vision, help others to see the bigger picture and their role in painting it.

1987 Convention

"The Business of Nursing is...Changing."

(A) A pensive poise as Betty Godwin makes point on House floor.

(B) After 2 years of work a tired board watches over final decision making.

(C) Convention goers meet, mix, and mingle.

(A)

(C)

(B)

Steering Committee

5 The open forum with the Steering Committee held during the NCNA Convention at The Adams Mark Hotel provided an opportunity for members to ask questions, raise issues, and provide input related to NCNA's activities on entry into practice. The discussion was lively and in addition to asking questions, participants provided many examples of excellent answers to questions/objections raised by others related to entry.

Participants emphasized the importance of nursing continuing to be active in relation to consumer advocacy and other health care issues, such as infant instability, in order to avoid being seen as self-serving. They also pointed out that the changes ANA and NCNA are seeking related to standardizing nursing education are really reflections of changes that are already taking place in the health care delivery system and in work settings and that our efforts involve "legitimizing" these current trends; therefore, the emotions aroused by these changes are being directed towards NCNA. Several participants identified resolution of entry into practice as key to our ability to meet the supply demands for nursing in the furture but emphasized that many persons will view this and will utilize this as an "excuse" to stop activities related to implementation of two levels of entry into practice.

Questions were raised related to membership on task forcees particularly in relation to identified opponents of NCNA's position; how to explain our position to non-nurses and media representatives; the impact of the potential withdrawal of New York State Nurses Association and the Pennsylvania Nurses Association from ANA; and the ability of NCNA to utilize data from other states in its implementation activities.

The open forum was the first such opportunity for open dialogue with the general membership; however, it is anticipated that many such opportunities for all nurses including non-members will be provided in the future by The Task Force on Nursing Constituencies.

The next meeting of the Steering Committee is scheduled for January 15, 1988.

Primary Care Nurse Practitioner Conference Group

A letter to the Council of Primary Care Nurse Practitioners

Hello fellow NPs! Thank you for your support. I also want to thank the members of the former executive committee: Joyce Nixon, Linda Tull, and Judy Zentner for all of their hard work, enthusiasm, and planning that resulted in our NP group becoming more unified. I look forward to working with you and for you. The NCNA convention gave me a chance to meet and talk with some of you and discuss your ideas and concerns regarding our future as nurses and NPs.

I would like to address some of those ideas. We as a group have accomplished several important tasks in the last two years. This would not have been possible without the commitment, time, and organizational skills of our former executive committee. With their work as a basis, I would like to see the council (as we now can call ourselves) begin to focus on issues that affect our practice in North Carolina. The issues that I see that we need to address are: working on the formulary to include extensions on hypertension and other categories of drugs; streamlining the application/approval process; strengthening our presence on the Joint Subcommittee and developing a more colleagial relationship with physicians on that committee; working with the media to increase our visability; and continuing our efforts to get third party reimbursement.

I encourage you to become active in your regional group. I will try to keep you informed of changes and update you on times/issues on which we're working. I need and want your views and ideas. I hope you will work with me in meeting these challenges. I feel very strongly that we as a group are in a unique position to pursue these goals and develop some creative solutions that will benefit not just us but nursing in general.

Jan Wolfe
Chairman

Orientation Set For NCNA Leaders

The Brownstone Hotel in Raleigh will be the site for NCNA's biennial Leadership Orientation on January 9, 1988, 10:00 am to 4:00 pm. Registration starts at 9:15 am. This will be a time for goal-setting and activity planning for cabinet, committees and council officers as they plan their work for the 1987-89 biennium. NCNA leaders who have not returned their registrations should contact NCNA headquarters immediately.

About People

JOANNE HARRELL of Chapel Hill has written an article on health care for the elderly entitled "Functional Status, Institutionalization, and Diagnoses in Hospitalized Edlers," to be published by the Gerontological Society of America ...RUTH HINES of Raleigh has been appointed by Governor Jim Martin to chair the Commission for Mental Health ...ANNETTE C. FRAUMAN and BARBARA NETTLE-CARLSON of Chapel Hill have been awarded a grant from The American Nurses Foundation to study characteristics of patients who practice preventive health care...ELOISE LEVOIS of Greensboro has been awarded the 1987 Founders' Award by Sigma Theta Tau International Society of Nursing for her accomplishments in nursing and nursing education...JO ANN DETON of Chapel Hill received a grant from The American Nurses Foundation to study emotional and situational factors affecting patients' perception of pain...JUDY SEAMON of Morehead City has been appointed to the Board of Directors of N.C. Equity... CAROL CLARKE HOGUE of Durham has been inducted as a fellow into the American Academy of Nursing...

THN apologizes for the front page error in its September-October issue. It's "peer assistance program," not "peer assistant program!"

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolina 27605

Vol. 49, No. 6 November-December 1987

Hettie L. Garland ..... President
Jo Franklin ..... President-Elect
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